
State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Filing at a Glance

Company:	Humana Insurance Company
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11
State:	Arkansas
TOI:	H14G Group Health - Hospital Indemnity
Sub-TOI:	H14G.000 Health - Hospital Indemnity
Filing Type:	Form
Date Submitted:	07/30/2012
SERFF Tr Num:	ICCI-128607269
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	HIC-GP-HI-POL 01/12
Implementation	On Approval
Date Requested:	
Author(s):	Brenda Dawson
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	08/08/2012
Disposition Status:	Approved
Implementation Date:	

State Filing Description:

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

General Information

Project Name: Group Hospital Indemnity
Project Number: HIC-GP-HI-POL 01/12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 08/08/2012
State Status Changed: 08/08/2012
Created By: Brenda Dawson
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Brenda Dawson

Filing Description:

We are hereby submitting the forms attached to the Form Schedule tab for filing in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Group Fixed Indemnity Policy HIC-HI-GP-POL 01/12 is a limited benefit hospital indemnity policy and will be issued to an eligible employer located in your state. It pays a fixed amount based on the surgical schedule.

Form HIC-HI-GP-CERT-AR 01/12 is the certificate of insurance evidencing coverage under the group policy.

Additional Benefit Rider HIC-HI-ABR 6/11 may also be offered to the Group Policyholder.

Waiver of Premium Due to a Sanctioned Strike Benefit Rider HIC-GP-SPW 2/11, previously approved by your Department on March 1, 2011, under SERFF Tracking # ICCI-127018289, may also be used with this plan.

Employer Application HIC-GP-HI-ERAPP-AR 6/11 will be completed by the Group policyholder.

Enrollment form HIC-GP-HI-EE-EF-AR 6/11 will be used by the employee to enroll in the coverage.

Form HIC-GP-HI-EOI APP 10/11-AR (Rev 01/12) is the Evidence of Insurability Application.

This is a true group employer form.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11
Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
P.O Box 740036	Group Code: 119	Company Type: L&H
500 West Main Street	Group Name: Humana Insurance	State ID Number:
Louisville, KY 40201-7436	Company	
(502) 580-2712 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$300.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$300.00	07/30/2012	61283019

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/08/2012	08/08/2012
Approved	Donna Lambert	08/07/2012	08/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	08/07/2012	08/07/2012
Pending Industry Response	Donna Lambert	08/06/2012	08/06/2012

Response Letters

Responded By	Created On	Date Submitted
Brenda Dawson	08/08/2012	08/08/2012
Brenda Dawson	08/06/2012	08/06/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Reopened	Note To Filer	Donna Lambert	08/07/2012	08/07/2012

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Disposition

Disposition Date: 08/08/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Form (revised)	Group Hospital Indemnity Policy	Approved	Yes
Form	Group Hospital Indemnity Policy	Replaced	Yes
Form (revised)	Group Certificate	Approved	Yes
Form	Group Certificate	Replaced	Yes
Form	Additional Benefits Rider	Approved	Yes
Form	Employer Application	Approved	Yes
Form	Enrollment form	Approved	Yes
Form	Evidence of Insurability Application	Approved	Yes

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Form (revised)	Group Hospital Indemnity Policy	Approved	Yes
Form	Group Hospital Indemnity Policy	Replaced	Yes
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Form	Group Certificate	Replaced	Yes
Form	Additional Benefits Rider	Approved	Yes
Form	Employer Application	Approved	Yes
Form	Enrollment form	Approved	Yes
Form	Evidence of Insurability Application	Approved	Yes

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11
Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/07/2012
Submitted Date	08/07/2012
Respond By Date	09/07/2012

Dear Brenda Dawson,

Introduction:

When this small change is made, I can then approve this filing.

Objection 1

- Group Certificate, HIC-HI-GP-CERT-AR 01/12 (Form)

Comments: The last sentence of the Termination of Insurance Covered Persons section on page 23 should always be included. Please remove the brackets from this sentence.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/08/2012
Submitted Date	08/08/2012

Dear Donna Lambert,

Introduction:

Thank you for your letter.

Response 1

Comments:

The Termination of Insurance - Covered Persons provision on page 23 was revised to remove the bracketing, as requested.

Related Objection 1

Applies To:

- Group Certificate, HIC-HI-GP-CERT-AR 01/12 (Form)

Comments: The last sentence of the Termination of Insurance Covered Persons section on page 23 should always be included. Please remove the brackets from this sentence.

Changed Items:

No Supporting Documents changed.

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	HIC-HI-GP-CERT-AR 01/12	CER	Group Certifc ate	Initial		AR HIC-HI-GP-CERT-AR 01-12.pdf	Date Submitted: 08/08/2012 By: Brenda Dawson
<i>Previous Version</i>							
1	HIC-HI-GP-CERT-AR 01/12	CER	Group Certifc ate	Initial		AR HIC-HI-GP-CERT-AR 01-12.pdf	Date Submitted: 08/08/2012 By: Brenda Dawson

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Brenda Dawson

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11
Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/06/2012
Submitted Date	08/06/2012
Respond By Date	09/06/2012

Dear Brenda Dawson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The insured's must receive a certificate. Please revise the second paragraph of the Certificate provision on page 3.

Objection 2

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The last sentence of the first page of the Policy states that all periods will begin and end at 12:01 a.m. Standard Time at the Policyholder's main address. The Termination of Insurance provision on page 3 states that the policy will terminate at 12:00 midnight. This seems contradictory. Would you please clarify this or consider making the times consistent with one another?

Objection 3

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The first sentence of the Misstatement of Age provision on page 4 is repeated.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking #:	ICCI-128607269	State Tracking #:		Company Tracking #:	HIC-GP-HI-POL 01/12
<hr/>					
State:	Arkansas	Filing Company:	Humana Insurance Company		
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity				
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11				
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/06/2012
Submitted Date	08/06/2012

Dear Donna Lambert,

Introduction:

Thank you for your letter.

Response 1

Comments:

Please find attached the revised policy form HIC-GP-HI-POL AR 01/12. On page 3 the Certificate provision was revised to read "We will give a Certificate to the Policyholder for delivery to each Insured Person."

Related Objection 1

Applies To:

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The insured's must receive a certificate. Please revise the second paragraph of the Certificate provision on page 3.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

ICCI-128607269

State Tracking #:

Company Tracking #:

HIC-GP-HI-POL 01/12

State: Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11

Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	HIC-GP-HI-POL AR 01/12	POL	Group Hospital Indemnity Policy	Initial		AR HIC-GP-HI-POL AR 01-12 8-6-12.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson

Previous Version

1	HIC-GP-HI-POL 01/12	POL	Group Hospital Indemnity Policy	Initial		HIC-GP-HI-POL 01-12 02-13-2012.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson
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No Rate/Rule Schedule items changed.

Response 2

Comments:

The Termination Provision on page 3 was revised to show "a.m.".

Related Objection 2

Applies To:

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The last sentence of the first page of the Policy states that all periods will begin and end at 12:01 a.m. Standard Time at the Policyholder's main address. The Termination of Insurance provision on page 3 states that the policy will terminate at 12:00 midnight. This seems contradictory. Would you please clarify this or consider making the times consistent with one another?

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

ICCI-128607269

State Tracking #:

Company Tracking #:

HIC-GP-HI-POL 01/12

State: Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11

Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	HIC-GP-HI-POL AR 01/12	POL	Group Hospital Indemnity Policy	Initial		AR HIC-GP-HI-POL AR 01-12 8-6-12.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson

Previous Version

1	HIC-GP-HI-POL 01/12	POL	Group Hospital Indemnity Policy	Initial		HIC-GP-HI-POL 01-12 02-13-2012.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson
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No Rate/Rule Schedule items changed.

Response 3

Comments:

The first sentence of the Misstatement of Age provision pertains to premium and misstatement of age, the second sentence pertains to benefits when there has been a misstatement of age.

Related Objection 3

Applies To:

- Group Hospital Indemnity Policy, HIC-GP-HI-POL 01/12 (Form)

Comments: The first sentence of the Misstatement of Age provision on page 4 is repeated.

Changed Items:

No Supporting Documents changed.

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	HIC-GP-HI-POL AR 01/12	POL	Group Hospital Indemnity Policy	Initial		AR HIC-GP-HI-POL AR 01-12 8-6-12.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson
<i>Previous Version</i>							
1	HIC-GP-HI-POL 01/12	POL	Group Hospital Indemnity Policy	Initial		HIC-GP-HI-POL 01-12 02-13-2012.pdf	Date Submitted: 08/06/2012 By: Brenda Dawson

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Brenda Dawson

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Note To Filer

Created By:

Donna Lambert on 08/07/2012 09:07 AM

Last Edited By:

Donna Lambert

Submitted On:

08/07/2012 09:07 AM

Subject:

Filing Reopened

Comments:

I apologize. I did not send my objections to the certificate before approving this filing. I have reopened this filing and will be sending them shortly. Thank you for your understanding.

State: Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity HIC-GP-HI-POL 6/11

Project Name/Number: Group Hospital Indemnity/HIC-GP-HI-POL 01/12

Form Schedule

Lead Form Number: HIC-GP-HI-POL 01/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/07/2012	HIC-GP-HI-POL AR 01/12	POL	Group Hospital Indemnity Policy	Initial:		AR HIC-GP-HI-POL AR 01-12 8-6-12.pdf
2	Approved 08/08/2012	HIC-HI-GP- CERT-AR 01/12	CER	Group Certificate	Initial:		AR HIC-HI-GP-CERT-AR 01-12.pdf
3	Approved 08/07/2012	HIC-HI-ABR 6/11	CERA	Additional Benefits Rider	Initial:		HIC-HI-ABR 6-11.pdf
4	Approved 08/07/2012	HIC-GP-HI- ERAPP-AR 6/11	AEF	Employer Application	Initial:		AR HIC-GP-HI-ERAPP-AR 6-11.pdf
5	Approved 08/07/2012	HIC-GP-HI-EE- EF-AR 6/11	AEF	Enrollment form	Initial:		AR HIC-GP-HI-EE-EF-AR 6-11 (enrollment app).pdf
6	Approved 08/07/2012	HIC-GP-HI- EOI-APP-AR 10/11	AEF	Evidence of Insurability Application	Initial:		AR HIC-GP-HI-EOI-APP-AR 10-11 (Evidence of Insurability).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Humana Insurance Company

[1100 Employers Boulevard
DePere, Wisconsin 54344
1-800-845-7519]

GROUP HOSPITAL INDEMNITY POLICY

Policyholder: [ABC Company]
Policy Number: [123]
Policy Date: [JANUARY 1, 2011]
Anniversary Date: [JANUARY 1, of each year]

MASTER POLICY

This Policy is a legal contract between the Policyholder and Us. To understand the coverage, the Policyholder must read this Policy as a whole.


We agree to insure certain individuals and to pay the benefits provided by this Policy in accordance with its provisions.

This Policy is issued in consideration of statements made in the application and the payment of premiums by the Policyholder. A copy of the signed application will be attached and made a part of this Policy.

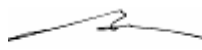
This Policy is effective on the Policy Date. The Policy Date will be the date of issue. The first Policy Year will end on the anniversary date shown above. Each Policy Year after that will end on the same date of each year. All periods will begin and end at 12:01 A.M. Standard Time at the Policyholder's main address.

For Humana Insurance Company:

[



Michael B. McCallister
President



Gerald L. Ganoni
Vice President

]

TABLE OF CONTENTS

ELIGIBILITY AND EFFECTIVE DATE	3
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INCORPORATION PROVISION

The provisions of the attached Application, Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The terms used in this Policy have the same meaning given to those terms in the Certificate unless otherwise specifically defined in this Policy.

CERTIFICATE

The Certificates, including the Certificate Schedules, amendments, riders and supplements, if any, are a written statement prepared by Us to set forth a summary of:

- benefits to which a Covered Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

We will give a Certificate to the Policyholder for delivery to each Insured Person.

ELIGIBILITY AND EFFECTIVE DATE

Policy Effective Date

Coverage under this Policy begins at 12:01 a.m. Standard Time on the Policy Date shown on page 1 of this Policy.

TERMINATION OF INSURANCE

Termination of This Policy

This Policy can be cancelled:

- by the Policyholder; or
- by Us.

If the premium is not paid when it is due or during the Grace Period, this Policy will terminate at midnight on the last day for which premium was paid. The Policyholder must pay all premiums due for the full period each Certificate is in force.

If We cancel this Policy for reasons other than the Policyholder's failure to remit premium, a written notice will be delivered to the Policyholder at least 60 days prior to the cancellation date.

The Policyholder may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation date. This Policy can be cancelled on an earlier date if We both agree. Coverage will end at 12:00 a.m. Standard Time on the cancellation date.

PREMIUMS

When and Where to Pay Premiums

The premiums for the coverage must be paid to Us at Our home office or to Our administrator when they are due. The premium due dates are based on the effective dates of the coverage shown on the Certificate Schedules.

Each monthly premium will be calculated on the basis of Our record as to the number of Covered Persons in each coverage classification at the time of calculation, at the premiums then in effect.

Our Right to Change Premiums

We have the right to change the premium We charge. If We plan to make a change, We will send the Policyholder a notice at least 60 days in advance.

However, We may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the plan design;
- a division, subsidiary, or affiliated company is added or deleted;
- a substantial change occurs in the participation level of Primary Insureds;
- the number of Primary Insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to this Policy.

GENERAL PROVISIONS

Coverage Provided by This Policy.

We insure a Covered Person for a loss according to the provisions of this Policy.

Entire Contract:

The contract between the parties consists of:

- 1) the Policy;
- 2) any certificates incorporated and made a part of the Policy;
- 3) any riders issued in connection with such certificates;
- 4) the Policyholder's application; and
- 5) any Written Medical Insurability Application submitted by the Eligible Person/Employee and accepted by The Company in connection with the Policy.

All statements made by the Policyholder, Participating [Entity] or persons insured under The Policy will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary.

Incontestability. This Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Policy Effective Date, no misstatements made in the Policyholder's Application, except fraudulent misstatements, will be used to contest this Policy.

Physical Examination. We, at Our own expense, have the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as We may reasonably require during the pendency of the claim.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of this Policy and any Certificate which, on its Effective Date, is in conflict with the statutes of the state in which this Policy or any Certificate is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by the Policyholder or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Misstatement of Age. If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Information to Be Furnished By the Policyholder. The Policyholder must keep a record of the Named Insureds and the particulars of the insurance on each. The Policyholder must provide Us at regular intervals, on forms acceptable to Us, information relative to persons:

- who are eligible to enroll;
- who are insured by the coverage; and
- whose coverage terminates pursuant to the “Termination Dates” provision.

The Policyholder must also provide Us with any other information about the coverage that may be reasonably required, such as Named Insureds on leave of absence.

We have the right to inspect the Policyholder’s records which may have a bearing on the insurance provided by this Policy. We may inspect the records at any time while this Policy is in force and within one year after the termination of this Policy.

HUMANA INSURANCE COMPANY

[1100 Employers Boulevard]

[DePere, Wisconsin 54344]

TELEPHONE [1-800-845-7519]

GROUP HOSPITAL INDEMNITY INSURANCE CERTIFICATE NON-PARTICIPATING

[POLICYHOLDER LOGO (OPTIONAL)]

CERTIFICATE OF GROUP HOSPITAL INDEMNITY INSURANCE FOR:

[EXEMPT EMPLOYEES OF ABC Company]

[OTHER NAMED CLASS]

[OTHER NAMED CLASS]

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF
WORKER'S COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO
DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKER'S
COMPENSATION SYSTEM.**

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INSURING INFORMATION

Humana Insurance Company ("Company") has issued Group Hospital Indemnity Insurance Policy [#####] ("the Policy") to the Policyholder:

[XYZABC, Inc.]
[1234 Any Street]
[Any City, Any State 99999]

The Policy's Initial Effective date is [MM/DD/CCYY].

All periods will begin and end at 12:01 A.M. Standard Time at the Policyholder's main address.

Your Date of Certificate is [MM/DD/CCYY].

This is a Certificate issued under the terms of the Policy. It is a summary of the Policy.

If the Policy and this Certificate differ, the Policy will govern. On request, the Policyholder will provide You with the Policy or a copy of it for review.

Maximum Age: [Employee] [and Dependent] coverage ends when the [Employee] is age [70]

SCHEDULE OF BENEFITS

[HOSPITAL INDEMNITY BENEFITS

Insureds:

[Covered Person]
[Covered Dependents]
[Other Named Class]

BENEFITS	BENEFIT AMOUNT
[Elimination Period(s)][Daily Hospital Confinement Benefit] [Sickness] [Injury] [Organ Donations] [Cancer, hernia, adenoids, tonsils, or appendix (unless on an emergency basis)]	[0-365 days] [0-365 days] [12 months] [6 months]
[Hospital Confinement Benefit - Lump Sum (Per Hospital Confinement)]	[\$500 - \$6,000]
[Daily Hospital Confinement Benefit (Per day)]	[\$100 - \$600]
[Daily ICU/Burn Unit Benefit Per day]	[\$100 - \$600]
[Outpatient Surgery: Tier 1 Procedures (per covered procedure): Tier 2 Procedures (per covered procedure): Calendar Year Maximum (per Covered Person)]	[\$250 - \$1,500] [\$500 - \$3,000] [\$750 - \$4,500]
[Inpatient Physician Visits (Per Visit/One visit per day)]	[\$25 - \$200]
[Inpatient Surgery and Anesthesia Benefit: <ul style="list-style-type: none"> Surgery (see attached schedule) Anesthesia 	[\$36 - \$1,800) Unit (30% of surgical benefit)]
[Office Visits (Per Visit)] (Max [2] visits per year for Primary Covered Person; [4] for Primary Covered Person and Covered Dependents (max [2] per person including wellness visits.	[\$25 - \$150]

[Emergency Room Visits (Per visit for Injury or Sickness; maximum [2] visits per year per Covered Person)]	[\$50 - \$250]
[At Home Nursing Benefit (Per Day; maximum [45] days in the [60] days following Hospital Confinement)]	[\$90]
[Transportation: <ul style="list-style-type: none"> • Ambulance • Non-Local] 	[\$100 - \$400] [\$100 - \$400]
[Additional Benefits: Contagious Disease/Outpatient Surgical Recovery (Per day) Diagnostic Procedure Benefit Family Support Benefit (Lump Sum) Rehabilitation Benefit (Per Day)] Wellness Benefit	[\$20 or \$25] [\$250, \$500 or \$1,000] [\$500] [\$50 - \$250] [\$50, \$75, or \$100]

[[ELIGIBILITY

Eligibility to Enroll

You are Eligible to Enroll when You:

- are a member of a Class of Eligible Employees listed on the Schedule; and
- meet the Eligibility Requirements shown on the Schedule.

[Class of Eligible Employees:]

[Exempt Employees
[Other Named Class]
[Other Named Class]

[Class of Eligible Dependents:]

[Spouses of Covered Person/Eligible Employees]
[Children of Covered Person/Eligible Employees]

[[Eligibility Requirements for Eligible Employees]

[In order to Enroll, an Eligible Employee must be [Actively at Work (Active Employment)]:

[for [Exempt Employees] Actively At Work means [15-40] hours per [week]]

[for [Other Named Class] Actively At Work means [15-40] hours per [week]]

[[[Waiting Periods for Eligible Employees are as follows:]

[[[Exempt Employees] are Eligible to Enroll on Date of Employment]

[[[Other Named Class] are Eligible to Enroll after Active Employment for [0-90 days]]

[However, if an Eligible Employee is not Actively At Work at the end of the Waiting Period, the Waiting Period will be extended until the Eligible Employee resumes work in a pattern that will establish Active Employment.]

[Eligible Employees must be Age [##] but not more than Age [##].] The Maximum Renewal Age is to Age [##]. [However, an Employee who remains Actively At Work after Age [##] will remain an Eligible Employee.]

[Additional Eligibility Requirements for Dependents]

[Waiting Periods for Eligible Employees apply to their Eligible Dependents.]

[Spouses of Eligible Employees must be Age [##] but not more than Age [##].] [A Spouse who is an Eligible Employee may be covered as Primary Covered Person or a Covered Dependent, but not both.]

[Children of Eligible Employees must be Age [0] but not more than Age [25].] [A child who is an Eligible Employee may be covered as a Primary Covered Person or a Covered Dependent, but not both.]

EFFECTIVE DATE OF INSURANCE

Subject to payment of premium, insurance starts when You:

- join a Class of Eligible Employees;
- meet the Eligibility Requirements shown on the Schedule; and
- when Company accepts the completed enrollment form, if required.

We may require You to provide Us with Evidence of Insurability if Enrollment takes place more than [30] days after You first become Eligible. However, if You do not Enroll when You are first Eligible to Enroll, insurance will not become effective until the first day of the [Calendar Month] following Your later Enrollment.

The Benefit Amount available to You without Evidence of Insurability is shown on the Schedule.

[EFFECTIVE DATES FOR CHANGES IN AMOUNTS OF INSURANCE]

[Increases in the amount of insurance based on Policy provisions will occur [on the first day of the [Calendar Month] following the change].]

[If Evidence of Insurability is not required, increases that You request will occur [on the first day of the [Calendar Month] following the change request].]

[If Evidence of Insurability is required, increases that You request will occur [on the first day of the [Calendar Month] after We approve the Evidence of Insurability].]

[Decreases that You request will occur on [the first day of the [Calendar Month]] following receipt of the written request by the Policyholder.]

[Decreases on account of Age will occur on the [first day of the [Calendar Month]] following the Age change.]]

Benefits

Benefits selected by the Policyholder and approved by the Company are shown on the Schedule of Benefits.

Benefits shown on this Certificate are available:

- to You and Your Covered Dependents;
- who Enroll for the Benefits;
- are covered under the terms and conditions of the Policy; and
- for whom Premiums are paid.

All Benefits of the Policy are subject to the Benefit Conditions, Limitations and Exclusions.

We will pay the benefits, as shown below, for each Hospital Confinement or other added Benefits for a Covered Person for Injury or Sickness. Before benefits are payable, the Hospital Confinement must:

- be at the direction of and under the supervision of a Physician;
- with respect to the Daily Hospital Confinement Benefit, continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness;
- begin on or after the Certificate Effective Date and while coverage is in force for the Covered Person; and
- be due to Injury or Sickness that is not excluded by name or description in the Benefit Conditions, Limitations and Exclusions.

Benefits payable will not exceed the Maximum Benefit Period shown below.

BENEFITS	MAXIMUM BENEFIT PERIOD
<p>Lump Sum Hospital Confinement Benefit We will pay for each Hospital Confinement of a Covered Person the lump sum benefit specified on the Schedule of Benefits.</p> <ul style="list-style-type: none"> • [100%] of the specified amount will be paid for any Hospital Confinement due to Injury. • [50%] of the specified amount will be paid for a Hospital Confinement of [#] days or more due to Sickness. • [25%] of the specified amount will be paid for a Hospital Confinement of less than [#] days due to Sickness. 	Maximum of [1] per Calendar Year for Injury and [1] per year for Sickness.
<p>Daily Hospital Confinement Benefit We will pay for each day of a Covered Person's Hospital Confinement the amount specified on the Schedule of Benefits.</p>	Maximum of [60] days for any Period of Confinement.[subject to Elimination Period shown on the Schedule]
<p>Daily ICU/Burn Unit Benefit We will pay for each day of a Covered Person's confinement to an Intensive Care Unit or Burn Unit the amount indicated on the Schedule of Benefits.</p>	Maximum of [15] days for any Period of Confinement.
<p>Outpatient Surgery Benefit We will pay for surgery performed in an Ambulatory Surgical Center. The amount paid will depend on whether the surgery is a Tier 1 surgical procedure or Tier 2 surgical procedure as shown in Outpatient Surgery Procedures.</p>	Maximum of [1] Tier 1 procedure and [1] Tier 2 procedure per Covered Person per Calendar Year.
<p>Inpatient Physician Visits We will pay the amount indicated on the Schedule of Benefits for [1] visit per [day] by a Physician while a Covered Person is confined in a Hospital.</p>	[1] visit per day. Maximum of [10] days per Period of Confinement
<p>Inpatient Surgery and Anesthesia Benefit We will pay for the following benefits for surgery performed as an inpatient.</p> <ol style="list-style-type: none"> Surgery. See Surgical Schedule. Anesthesia. We will pay an additional [30%] of the Surgical Schedule amount for the surgery performed. 	See Surgical Schedule.

Office Visits If Covered Person incurs a Sickness or Accident which requires care in a Physician's office, we will pay the amount specified on the Schedule of Benefits page.	Maximum of [2] visits per Calendar Year per Covered Person up to a maximum of [4] visits per Calendar Year total for all Covered Persons combined
Emergency Room Visits If a Covered Person incurs a Sickness or Accident that requires care in an Emergency Room we will pay the amount specified on the Schedule of Benefits page.	Maximum of [2] visits per Calendar Year per Covered Person up to a maximum of [4] visits per Calendar Year total for all Covered Persons combined
At Home Nursing Benefit We will pay the amount specified on the Schedule of Benefits for Private Duty Nursing care and attendance by a Nurse at home. Nursing services must be: (a) required and authorized by the attending Physician; (b) immediately following confinement covered by this policy in a Hospital ; and (c) rendered by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN/LVN).	Maximum of [45] days in the [60] days following a Hospital Confinement.
Transportation Benefit Ambulance- We will pay the amount specified on the Schedule of Benefits if a Covered Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient. The amount will be doubled if the transfer is by air ambulance. Non-Local- We will pay the amount specified on the Schedule of Benefits when a Covered Person requires Hospital Confinement prescribed by a local attending Physician that cannot be obtained within [100] miles of Covered Person's residence. This benefit is payable only once per continuous Hospital Confinement.	Combined maximum of [3] trips per Calendar Year per Covered Person.
[Contagious Disease/Outpatient Surgical Recovery] We will pay the amount specified on the Schedule of Benefits if a Covered Person misses work while suffering from a covered Contagious Disease or while recovering from Outpatient Surgery as covered under the Policy. This benefit does not overlap with Daily Hospital Benefit.	Maximum of [5] days per Calendar Year for the Primary Covered Person only; and a maximum of [10]days in total for the Primary Covered Person and Covered Dependents ([5] per person maximum).]
[Family Support Benefit] We will pay the amount specified on the Schedule of Benefits if a Covered Person receives at least [15] days of Daily Hospital Benefit for [1] period of confinement.	[1] lump sum payment per Covered Person per Calendar Year; and a maximum total of [3] lump sum payments per Calendar Year for all Covered Persons combined]

<p>[Diagnostic Procedure Benefit] We will pay the amount specified on the Schedule of Benefits only if the result is positive. See attached list of eligible procedures. If also payable under Outpatient Surgery Benefit, then we will only pay the Diagnostic Procedure Benefit.</p>	<p>Maximum of [1] benefit per Covered Person per Calendar Year; and a maximum total of [3] benefits for all Covered Persons combined]</p>
<p>[Wellness Benefits] We will pay the amount specified in the Schedule of Benefits for tests listed in the schedule below.</p>	<p>Maximum of [1] benefit per Covered Person per Calendar Year; and a maximum total of [2] benefits for all Covered Persons combined]</p>
<p>[Rehabilitation Benefit] We will pay the amount specified in the Schedule of Benefits. The Covered Person must be transferred immediately to a Rehabilitation Unit after a covered period of Hospital Confinement.</p>	<p>Benefit per day up to a maximum of [15] days per confinement and [30] day maximum per Covered Person per Calendar Year; and a maximum total benefit of [60] days per Calendar Year for all Covered Persons combined]</p>

OUTPATIENT SURGERY PROCEDURES

Tier 1 – Surgical Procedures

[Breast] – axillary node dissection; breast capsulotomy; breast reconstruction; lumpectomy]

[Cardiac] – pacemaker insertion]

[Digestive] – colonoscopy; fistulotomy; hemorrhoidectomy (external); lysis of adhesions]

[Ear/Nose/Throat/Mouth] – adenoidectomy; removal of oral lesions; myringotomy; tonsillectomy; tracheostomy]

[Gynecological] – dilation & curettage (D&C); endometrial ablation; lysis of adhesions]

[Liver] – paracentesis]

[Musculoskeletal System] – carpal/cubital repair or release; dislocation (closed reduction treatment); foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair); fracture (closed reduction treatment); removal of orthopedic hardware; removal of tendon lesion]

[Skin] – laparoscopic hernia repair, skin grafting]

Tier 2 – Surgical Procedures

[Breast] – breast reduction]

[Cardiac] – angioplasty; cardiac catheterization]

[Digestive] – exploratory laparoscopy; laparoscopic appendectomy; laparoscopic cholecystectomy]

[Ear/Nose/Throat/Mouth] – ethmoidectomy; mastoidectomy; septoplasty; stapedectomy; tympanoplasty; tympanotomy]

[Eye] – cataract surgery; corneal surgery (penetrating keratoplasty); glaucoma surgery (trabeculectomy); vitrectomy]

[Gynecological] – myomectomy]

[Liver] – paracentesis]

[Musculoskeletal System] – arthroscopic knee surgery w/menisectomy (knee cartilage repair); arthroscopic shoulder surgery; clavicle resection; dislocations (ORH – open reduction with internal fixation); Fracture (ORH – open reduction with internal fixation); removal or implantation of cartilage; tendon/ligament repair]

[Thyroid] – excision of a mass]

Diagnostic Procedures

[Breast] – biopsy (incisional, needle, sterotactic]

[Cardiac] – angiogram; arteriogram; thallium stress test; transesophageal echocardiogram (TEE)]

[Diagnostic Radiology] – computerized tomography scan (CT scan); electroencephalogram (EEG); magnetic resonance imaging (MRI); myelogram; nuclear medicine test; positron emission tomography scan (PET scan)]

[Digestive] – barium enema/lower GI series; barium swallow/upper GI series; esophagogastroduodenoscopy (EGD)]

[Ear/Nose/Throat/Mouth] – laryngoscopy]

[Gynecological] – cervical biopsy; cone biopsy; endometrial biopsy; hysteroscopy; loop electrosurgical excisional procedure (LEEP)]

[Liver] – biopsy]

[Lymphatic] – biopsy]

[Miscellaneous] – bone marrow aspiration/biopsy]

[Renal] – biopsy]

[Respiratory] – biopsy; bronchoscopy; pulmonary function test (PFT)]

[Skin] – biopsy; excision of lesion]

[Thyroid] – biopsy]

[Urinary] – cystoscopy]

Wellness Benefit

1. [Blood test for triglycerides]
2. [Breast ultrasound]
3. [CA 15-3 (blood test for breast cancer)]
4. [CA 125 (blood test for ovarian cancer)]
5. [CEA (blood test for colon cancer)]
6. [Chest x-ray]
7. [Colonoscopy or virtual colonoscopy]
8. [Fasting blood glucose]
9. [Flexible sigmoidoscopy]
10. [Hemoccult stool analysis]
11. [Mammography]
12. [Pap smear or Thin Prep Pap]
13. [PSA (blood test for prostate cancer)]
14. [Serum protein electrophoresis (blood test for myeloma)]
15. [Serum cholesterol test for HDL and LDL]
16. [Stress test on a bicycle or treadmill]
17. [Thermography]

INPATIENT SURGERY AND ANESTHESIA BENEFIT (1 UNIT)

[BONE

[Bone marrow biopsy or aspiration	[\$120]]
[Removal of knee cartilage	[\$180]]
[Total knee replacement	[\$600]]
[Total hip replacement	[\$900]]]

[BRAIN

[Burr holes not followed by surgery	[\$375]]
[Ventriculoperitoneal shunt	[\$625]]
[Exploratory craniotomy	[\$875]]
[Excision of brain tumor	[\$1,250]]
[Hemispherectomy	[\$1,250]]]

[BREAST

[Incisional biopsy	[\$120]]
[Needle biopsy	[\$120]]
[Breast reduction	[\$360]]
[Lumpectomy	[\$240]]
[Stereotactic biopsy	[\$120]]
[Axillary node dissection	[\$180]]
[Partial mastectomy	[\$360]]
[Breast reconstruction	[\$600]]
[Mastectomy	
[Simple	[\$360]]
[Radical	[\$720]]]

[DIGESTIVE

[Exploratory laparotomy	[\$360]]
[Appendectomy	[\$240]]
[Colostomy	[\$240]]
[ERCP	[\$240]]
[Vagotomy	[\$360]]
[Partial colectomy	[\$480]]
[Colectomy	[\$720]]
[Colectomy with ileostomy	[\$720]]
[Cholecystectomy	[\$720]]
[Esophagectomy	[\$900]]
[Gastrectomy	
[Partial	[\$600]]
[Total	[\$1,200]]]

[EAR/NOSE

[Tympanotomy	[\$120]]
[Adenoidectomy	[\$180]]
[Myringoplasty	[\$180]]

[SPINE

[Discectomy	[\$600]]
[Fusions	[\$900]]
[Laminectomy	[\$600]]]

[EYE

[Cataract	[\$240]]
[Enucleation	[\$600]]
[Comeal transplant	[\$900]]]

[GYNECOLOGIC

[Dilation & curettage (D&C)	[\$120]]
[Vaginal delivery	[\$240]]
[Cesarean delivery	[\$240]]
[Vaginal Hysterectomy	
[Partial	[\$480]]
[Total	[\$900]]
[Abdominal hysterectomy with or	
[without tubes and ovaries	[\$900]]
[Vulvectomy	
[Partial	[\$240]]
[Radical	[\$360]]]

[HEART

[Insertion of pacemaker	[\$240]]
[Angioplasty	
[One vessel	[\$600]]
[Two vessels	[\$900]]
[Coronary artery with graft	[\$1,200]]
[Replacement of aortic or mitral valve	[\$1,200]]]

[LARYNX

[Tracheostomy	[\$120]]
[Laryngectomy	[\$600]]
[Laryngectomy with radical neck	
[dissection	[\$1,200]]]

[LIVER

[Needle biopsy	[\$120]]
[Wedge biopsy	[\$180]]
[Resection of liver	[\$900]]]

[LUNGS

[Needle biopsy	[\$240]]
[Thoracotomy	[\$480]]
[Pneumectomy	[\$900]]
[Wedge resection of lung	[\$600]]]

[Mastoidectomy	
[Simple	[\$180]]
[Radical	[\$360]]
[Tonsillectomy with or without	
adenoids	[\$180]]]

[MISCELLANEOUS

[Foot surgery	[\$180]]
[Repair of hernia	[\$300]]
[Carpal tunnel release (one hand or	
two)	[\$120]]
[Fractures	
Open reduction	[\$300]]
[Mandibulectomy	[\$480]]
[Organ transplant	[\$1,250]]
[Vasectomy	[\$180]]]

[PANCREAS

[Jejunostomy	[\$250]]
[Pancreatectomy	[\$625]]
[Whipple procedure	[\$1,250]]]

[SKIN

[Biopsy	[\$60]]
[Excision of lesion of skin	
[Without flap or graft	[\$120]]
[With flap or graft	[\$360]]]

[Lobectomy	[\$900]]
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[LYMPHATIC

[Biopsy lymph node	[\$120]]
[Splenectomy	[\$360]]
[Lymphadenectomy (bilateral)	[\$600]]]

[THYROID

[Biopsy	[\$180]]
[Thyroidectomy	
[One lobe	[\$240]]
[Two lobes	[\$600]]]

[URINARY

[Biopsy prostate	[\$120]]
[Hydrocele	[\$120]]
[Cystotomy	[\$240]]
[Orchiectomy	
(unilateral, bilateral)	[\$240]]
[Biopsy of kidney	[\$480]]
[TUR bladder	[\$360]]
[TUR prostate	[\$360]]
[Prostatectomy, radical	[\$900]]
[Cystectomy (bladder)	
[Partial	[\$600]]
[Complete	[\$900]]
[Nephrectomy	[\$900]]]

[WAIVER OF PREMIUM BENEFIT

We will waive Premiums from the first day of Total Disability when You have a Total Disability that:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before the Certificate Anniversary following Your 60th birthday; and
- continues without interruption for at least 60 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began.

We will not waive Premiums after the date that the Policy ends.

We will not end a claim if You attempt to return to work for [14] days or less.]

PAYMENT OF BENEFITS

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions.

BENEFIT CONDITIONS, LIMITATIONS AND EXCLUSIONS

No Benefits under the Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- [intentionally self-inflicted Injury;]
- [suicide or any attempted suicide, while sane or insane;]
- [mental or emotional disorders without demonstrable organic disease;]
- [taking part in an illegal occupation;]
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Physician;]
- [treatment of drug Intoxication, except when caused by drugs that are prescribed by and used as ordered by a Physician;]
- [treatment of alcoholism, or treatment for the use of alcohol;]
- [rest cures;]
- [dental services or treatments unless needed due to Injury;]
- [routine eye examinations, eye glasses or the fitting thereof;]
- [hearing aids or the fitting thereof;]
- [Sickness or Injury if Workers' Compensation or Employer's Liability benefits are payable;]
- [war, declared or undeclared;]
- [taking part in a riot, felony or insurrection;]
- [parachute jumping or sky diving;]
- [travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;]
- [military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);]
- [hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;]
- [cosmetic services or treatment, except when the care is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery means surgery:
 - o to restore a normal bodily function;
 - o to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - o for breast reconstruction following mastectomy; or]
- [routine well-baby care; or]
- [losses related to pregnancy that begins before the Covered Person's Start Date of Insurance.]

No Benefits under the Policy will be paid for loss that takes place outside of the United States.

[Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
 - by the Policy on its Initial Effective Date.
1. We will review the claim. If the Policy's Pre-Existing Condition Exclusion does not apply, We will pay the Benefits of the Policy.
 2. If the Covered Person does not satisfy the Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Policy's pre-existing condition exclusion giving credit for all time insured under both policies; then We will pay the lesser of:
 - (a) the Policy's Benefit without applying the Pre-Existing Condition Exclusion; or
 - (b) the Benefit of the Replaced Policy.Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy.
 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of the Policy or that of the Replaced Policy, no Benefit will be paid.]

CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given to Us within [30] days after the date of a loss. If that is not possible, We must be notified as soon as it is reasonably possible to do so.

When We receive written notice of claim, We will send claim forms. If the claim forms are not received within [15] days after the notice is sent, written proof of claim can be sent to Us without waiting for the forms.

Proof of Loss

Proof of Loss must be given to Us within [90] days after a loss occurs or starts.

If it is not possible to give proof within this time limit, it must be given as soon as reasonably possible. Proof of Loss may not be given later than one year after the time such proof is otherwise required, except if the individual is legally unable to provide it.

Proof of Loss includes a claim form or other documents satisfactory to Us.

Proof of Loss may also include statements completed by You and/or Your Covered Dependent, [the Employer] and the attending Physician showing:

- the nature of the loss;
- the date, or inclusive dates, of loss; and
- the cause of loss.

[For the Waiver of Premium Benefit, We may require Proof of Loss on a monthly basis. We will not require such Proof of Loss on a monthly basis when it is no longer reasonably necessary to do so.]

On request, We will tell the Covered Person or other claimant what forms or documents are required.

We may require authorizations to obtain medical information.

We will give You or the claimant a claim form upon request. You are responsible for any costs for completing the claim form.

We may ask for other Proof of Loss from hospitals and Physicians. We will pay the reasonable cost of obtaining these records.

Payment of Claims

Benefits will be paid to You. If You do not live to receive payment, any Benefit will be paid to Your:

- Beneficiary, if one is named; or
- estate.

If Benefits are payable to Your estate or to a Beneficiary who cannot give Us a valid release, We can pay up to \$1,000 to someone related to You, by blood or marriage, whom We find is justly entitled to payment. Such a payment made in good faith will discharge Us to the extent of the amount paid.

You may assign proceeds of a claim. Assignment of a Certificate as collateral security is not allowed.

Time Payment of Claims

Clean claims will be paid or denied within 30 days after receipt of claim filed electronically or within 45 days after receipt of claim submitted by other means. We shall notify you within 30 days after receipt of the claim if we determine that additional information is needed to process the claim. If we do not pay the claim or give notice that additional information is needed in order to process the claim, we shall pay a penalty to you for the period beginning on the 61st day after receipt of the clean claim and ending on the clean claim payment date, calculated as follows: the amount of the clean claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365.

Clean Claim means a claim for payment of a covered expense that is submitted on a HCFA 1500, on a UB92, in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on our standard claim form with all required fields completed in accordance with our published claim filing requirements. A Clean Claim shall not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent, (2) for benefits under a Medicare supplement policy if the claim is not accompanied by an explanation of Medicare benefits or the Explanation of Medicare Benefits ("EOMB") has not been otherwise received by the Health Carrier, or (3) for which the Health Carrier needs additional information in order to resolve one or more of the issues listed in Subsection 13(b) of this rule.

Examination and Autopsy

We, at Our own expense, will have the right and opportunity to have a claimant examined by a Physician of Our choice. This right may be exercised as often as reasonably required.

We, at Our own expense, will have the right to have an autopsy performed in the case of death, where autopsy is not forbidden by law.

[PORTABILITY

Portability Benefit

Portability allows You to keep the Policy's Benefits at certain times when Your coverage would otherwise end. This is subject to the Benefit Conditions, Limitations and Exclusions.

Coverage is provided under the terms and conditions of the Policy.

When Portability is Available

Subject to the Portability Benefit Conditions and Limitations, You may port Benefits when You:

- have been continuously covered by the Policy for at least [6] months;
- are less than Age [70];
- are not Totally Disabled; and
- are no longer Actively At Work as an Employee.

The Policy must be in force on the date that You port coverage.

How to Exercise Portability

You must, within [46] days after the date that Your coverage would end:

- submit written application on a form approved by the Company; and
- pay the first Premium for ported coverage.

Effective Date of Ported Insurance

When the first Premium for ported insurance is paid, coverage will start on the date that coverage under the Policy would have ended.

Premiums and Premium Due Dates

You must pay Premiums to the Company by [monthly bank draft] or other mode of Premium payment that We approve.

After insurance is effective there is a [31]-day Grace Period for each Premium due. If the Premium due is not paid, the Grace Period begins on the day of the month that coverage began. Coverage remains in effect during the Grace Period.

The Premium rate and Premium changes applicable to a Class will apply to former Class members who have ported.

We may add a billing fee to the Class rate applicable to ported Certificates.

If You port and Premiums for a Class change, We will provide You at least a [60-day] advance written notice of the change.]

Amount of Insurance

Subject to the Changes to Amount of Ported Coverage provision, insurance provided will be that which was in effect on the day prior to the Effective Date of Ported insurance.

Changes to Amount of Ported Coverage

Benefits provided under the Portability provision cannot be increased.

If You decrease or end a Ported Benefit, any change in Premium will take place on [the first day of the [Calendar Month] after We receive the request.

When insurance decreases or ends for a Class, the decrease or termination will apply to former members of the Class who have ported.

Termination of Ported Insurance

Ported insurance for You and Your Covered Dependents ends on the earliest of the following dates:

- when You request termination;
- at the end of the Grace Period, if the Premium is not paid;
- when You reach the Maximum Renewal Age;
- a date or Age for termination of insurance for the Covered Person shown on the Schedule;
- for a Spouse or Child, when He or She no longer meets the Policy's definition of Spouse or Child;
- for a Spouse, Age [##];
- for a Child, Age [25];
- on the next Premium due date upon Your death;

Termination of the Policy

If the Policy terminates, covered persons will be eligible to exercise the Portability Privilege on the termination date of the Policy. Portability coverage may continue beyond the termination date of the Policy, subject to timely payment of premiums. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability Benefit Conditions and Limitations

Unless stated, any changes to the Policy apply to ported insurance.

You are not eligible to use this Benefit if Totally Disabled.

[You cannot port while absent from work due to:

- temporary layoff;
- suspension of business operations; or
- Policyholder-approved leave of absence for non-medical reasons.]

You are not eligible to port while Policy coverage is continued based on a state or federal law, regulation or rule.

You are not eligible to Port when the Policy ends.]

TERMINATION OF INSURANCE – COVERED PERSONS

Subject to the [Waiver of Premium] [and Portability] provision[s], all insurance ends on the earliest of the following dates:

- [Your retirement;]
- the Maximum Age shown on the Insuring Information [except that if You remain Actively At Work You may continue the coverage];
- the end of the Grace Period, if Premium for this coverage is not paid;
- the end of the [Calendar Month] when the Covered Person is no longer Eligible;
- the Policy's termination date;
- the end of the [Calendar Month] when We receive a request to end this insurance;
- [the date that a Spouse reaches the maximum age showing on the Insuring Information page;
- [the date that a Child reaches Age [19-26]; [or]
- Your death.

When Your coverage ends, insurance on other persons covered by this Certificate will also end.

Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

CONTINUATION OF COVERAGE DURING A LABOR DISPUTE

If an Employee stops work because of a labor dispute, coverage continues under the Policy, subject to timely payment of premium for the Employee who:

1. is covered under the Policy on the date the work stoppage begins;
2. continues to pay the Employee's individual contribution; and
3. assumes and pays during the work stoppage the contribution due from the Employer.

Continuation will not continue for a period:

1. longer than six months after a work stoppage begins;
2. beyond the time that 75% of the covered Employees return to work; or
3. beyond the time that You take a full time job with another employer.

[GENERAL PROVISIONS

Agreements and Policy Changes

No change in the Policy shall be valid unless made by endorsement or amendment. Such a change is valid only if signed by Our Chairman or Our President.

No other person can waive any Policy terms or make any agreements about the Policy that are binding on Us.

Assignment

You may assign proceeds of a claim.

Assignment of a Certificate is not allowed.

We are not responsible:

- for the validity of any Assignment; or
- to honor any Assignment unless it is given to Us with any claim subject to the Assignment.

Our payment in good faith as outlined above will fully discharge Us with respect to the amount(s) paid.

Conformity with State Statutes

Any Policy wording that, on the Initial Effective Date, is in conflict with the statutes of the Situs State is hereby amended to meet the minimum requirements of such statutes.

Date of Birth [and Gender]

If a Covered Person's date of birth [or gender] is misstated, We will adjust the Benefits payable. The Benefits will be those which We would have issued based on the correct information.

Entire Contract

The Policy, the Application, Enrollment forms and Evidence of Insurability as well as any endorsements and amendments shall make up the entire contract.

Statements made by the Policyholder or Covered Persons shall be deemed representations and not warranties.

Evidence of Insurability

We may require evidence that a person meets our underwriting standards for this insurance.

Grace Period

The Policy has a Grace Period of thirty-one (31) days for the payment of any Premium due except the first.

During the Grace Period, the Policy is in force, unless the Policyholder gives Us written notice to cancel it before the end of the Grace Period. The Policyholder shall be liable to Us for the payment of a pro-rata premium for the time the Policy was in force during the Grace Period.

Incontestability

The validity of the Policy will not be contested except for nonpayment of Premiums after it has been in force for [two (2)] years from its Initial Effective Date.

No statement made by any Covered Person shall be used in any contest unless a copy of the statement is or has been furnished to:

- the Covered Person; or,
- in the event of death or incapacity of the Covered Person, to His or Her beneficiary or personal representative.

Except for claims incurred within [two (2)] year[s] after a Covered Person's Effective Date of Insurance, no statement made by any Covered Person when applying for insurance will be used to contest the validity of that insurance after:

- the insurance has been continuously in force for [two (2)] years during the lifetime of the Covered Person; and
- unless it is contained in a written form signed by the Covered Person.

This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

Insurance Fraud

Any person who knowingly and with the intent to defraud or deceive any insurance company or other person, files a statement of claim containing false, incomplete or missing information commits a fraudulent insurance act, which is a crime and maybe be subject to criminal and civil penalties.

If a Covered Person commits fraud against Us, as determined by Us, the Covered Person's insurance ends automatically, without notice, as of the date fraud is committed or as of the date otherwise determined by Us.

Legal Actions

Legal action cannot be taken against Humana Insurance Company:

- Sooner than 60 days after due Proof of Loss has been filed; or
- 3 years after the time written Proof of Loss is required to be filed according to the terms of the Policy.

[DEFINITIONS

For the purposes of the Policy when these words are used in the Policy, they have the meanings stated.

Accident means a sudden, unexpected, violent and external event that causes bodily Injury to a Covered Person.

[Actively At Work (Active Employment)] means You must be working:

- on a full-time basis and paid regular earnings;
- at least the minimum number of hours shown in the Schedule;
- at the Employer's usual place of business; or
- at a location to which the Employer's business requires You to travel.

You must be considered Actively At Work if You were actually at work on the day immediately preceding:

- a weekend;
- holidays;
- paid vacations;
- any non-scheduled work day;
- excused leave of absence (except medical leave and lay-off); or
- emergency leave of absence (except emergency medical leave required by Your Illness or Injury).

[If You are classified as a [part-time][or][temporary] worker by Your [Employer], You are not Actively At Work except as agreed between the Policyholder and the Company.]

If You are On Strike, You are [not] Actively At Work [except] [as] agreed by the Policyholder and the Company.

[The Active Employment must be for an Employer that has a workforce of Employees who are Eligible for Policy Coverage.]

Age means the Age of a Covered Person on His or Her last birthday as of the Initial Effective Date and Age increases by one year on each Certificate anniversary.

If coverage is effective after the Initial Effective Date, Age means age as of the last birthday preceding the request for insurance coverage.

Alcoholism means a chronic disorder or illness in which the Covered Person is unable, for psychological or physical reasons, or both, to refrain from the frequent consumption of alcohol in quantities sufficient to produce intoxication and, ultimately, injury to health and effective functioning.

[Ambulance] means a conveyance that meets state rules or is licensed by a state for the emergency movement of persons suffering from Illness or Injury. Transport may be by road, air or water.]

Ambulatory Surgical Center - means a licensed surgical center consisting of:

- (a) an operating room; or
- (b) facilities for the administration of general anesthesia; and
- (c) a post-surgery recovery room to which the patient is admitted and discharged from within a period of less than 24 hours.

Burn Unit means a Hospital or department in a Hospital specializing in the treatment of burns and providing intensive care for burn patients.

[Calendar Month means any of the named months, January through December.]

[Calendar Year means a 12 month period, [January 1 through December 31.]]

[Child (Children) means the Primary Covered Person's [unmarried] child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); a child for whom the Primary Covered Person is required by a court order to provide medical support, and grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States; or
- Child on active military duty for a period in excess of [30] days.]

[Class means a group of persons that We and the Policyholder have agreed to insure.]

[Complications of Pregnancy means

(A) conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, pre-eclampsia and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and

(B) non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

[Contagious Disease - means an infectious disease as identified by the Centers for Disease Control and Prevention, which is easily transmitted by physical contact with the person suffering the disease, or by their secretions or objects touched by them.]

Covered Person means an Eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

Covered Dependent – means:

- a) Your spouse, unless divorced or legally separated from You;
- b) Your [unmarried] Child(ren) who are less than age [19-26] and [primarily dependent on You for support and maintenance];
- c) Your [unmarried] Child(ren) who are at least age [19-26] but less than age [19-26] who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.
- d) Your [unmarried] Child(ren) who are at least age [19-26] who are chiefly dependent on You for support and are incapable of self-sustaining employment due to mental incapacity or physical handicap. You must furnish Us with proof of mental incapacity or physical handicap after the Child's eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

[Dental Treatment means the treatment of the teeth and/or periodontal area.]

[Disease - means a pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms, and is identified as such by the International Classification of Diseases.]

Drug Addiction means the pathological use or abuse of alcohol or drugs in a manner and to a degree that produces impairment in personal social or occupational functioning and which may, but need not include a pattern of tolerance and withdrawal.

Drug Intoxication means the simultaneous use of multiple drugs, whether the drugs are legally or illegally obtained, prescription, over-the-counter, recreational, herbal, home remedies, alcohol or some other combination producing a loss of control or behavior.

Eligible Dependents means Your Spouse and Your Child(ren). We must approve eligibility of Your Spouse and Child(ren).

[Each such person must meet the Eligibility requirements shown in the Schedule.]

Eligible Employee means a person who:

- is in Active Employment of the Policyholder; and
- meets the Enrollment Eligibility, Qualification Period and Maximum Renewal Age provisions shown in the Schedule and this Certificate.

[Elimination Period means the number of consecutive days of confinement to a Hospital during each Period of Confinement before the Daily Hospital Confinement becomes payable under the Policy. Benefits are not payable during the Elimination Period. The Elimination Periods for Injury and Sickness are shown on the Policy Schedule.]

[Emergency Room means a specified area in a Hospital which is designated for the emergency care of

Sickness or Injury. This area must be:

- staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

[Emergency Care means medical attention provided after the acute onset of symptoms relating to Sickness or Injury, including severe pain, which symptoms are severe enough that the lack of immediate medical attention could reasonably be expected to result in any of the following:

- health would be placed in serious jeopardy;
- bodily function would be seriously impaired; or
- there would be serious dysfunction of a bodily organ or part.]

Emergency Treatment does not include care that is:

- elective;
- preventive; or
- well care.

Employer means an entity that employs a workforce of persons in Active Employment. Employer includes any division, subsidiary or affiliated company named in the Application.

Enroll means application by an Eligible Employee for Policy coverage. By agreement between the Company and the Policyholder, Enrollment may:

- require completion of an Enrollment Form by the Eligible Employee;
- be automatic, in which case it is not necessary for the Eligible Employee to complete an Enrollment Form; and
- require Evidence of Insurability.

[Essential Duty means a duty that:

- 1) is substantial, not incidental;
- 2) fundamental or inherent to the occupation; and
- 3) cannot be reasonably omitted or changed.

Your ability to work the number of hours in Your regularly scheduled workweek is an Essential Duty. [However, working more than [XX] hours per week is not an Essential Duty.]]

[Evidence of Insurability means a form accepted by Us showing that a person meets Our requirements to be insured by the Policy.]

[Hospital means a place in the United States:

- licensed and operated as a Hospital;
- providing overnight care of Ill and Injured people;
- supervised by a Physician;
- having full-time nurses supervised by a Registered Nurse;
- having on-site or pre-arranged use of x-ray equipment, laboratory and surgical facilities; and
- maintaining permanent medical history records.

A Hospital is not:

- a facility outside of the United States;
- a nursing home;
- an extended care facility;
- a convalescent home;
- a rest home or a home for the aged;
- a place for alcoholics or drug addicts; or
- a mental institution.]

[Hospital Confinement means admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness. The admission must be on the advice of a Physician and be Medically Necessary. We do not consider confinement to an emergency room, outpatient treatment room or observation unit as Hospital Confinement.]

Illness means sickness or disease of a Covered Person.

Initial Effective Date means the date that coverage begins under the Policy.

[Injury means bodily injury sustained which:

- is directly caused by an accident, independent of all other causes;
- has not been specifically excluded by name or description in the Policy;
- is not caused or contributed by Sickness; and
- occurs while coverage is in force for the Covered Person.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.]

Intensive Care Unit means a specialized department in a Hospital that provides advanced and highly specialized care to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring.

An ICU is not:

- a progressive care unit;
- a sub-acute intensive care unit;
- an intermediate care unit;
- a private monitored room;
- a surgical recovery room;
- an observation unit; or
- any facility not meeting the definition of a Hospital ICU as defined in this Policy.

[Intoxication means a blood alcohol content equal to or over the legal presumption of intoxication under the laws of the state where the event took place.]

[Labor Dispute means On Strike (Strike), Laid Off or Locked Out.

[Laid Off means that Your job has been ended or suspended by Your Employer due to:

- a decrease in output by the Employer;
- a decrease in staff due to economic conditions;
- a reorganization that eliminates Your job; or
- a reorganization that eliminates the Employer's need for Your job skills.

Laid Off does not include termination for cause or because You are no longer physically able to perform the job.]

[Locked Out means that Your place of employment has been shut down by Your employer during a labor dispute. The Lockout must be lawful.]

[Material and Substantial Duties mean those duties normally required for the performance of Your regular occupation and cannot be reasonably omitted or modified.]

[Maximum Benefit Period] means the period of time during which a Benefit amount is payable for a Period of Confinement.]

[Medically Necessary] means the treatment services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.

[Mental or Nervous Disorders] means a neurosis, psychoneurosis, psychosis, or mental or emotional disease/disorder of any kind.]

[On Strike (Strike)] means that You and other employees acting together

- have ceased work, or
- are refusing to work or to continue to work for Your Employer.

The Strike must be authorized under the rules of a union or unions representing You and other striking Employees.

The union or unions authorizing the strike must be recognized by the Your Employer for collective bargaining purposes.

The Strike must be lawful and must not take place while a labor contract is still in effect.]

[Period of Confinement] means one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than [30-90] days. Each Hospital Confinement must begin while the coverage is in force for the Covered Person.]

[Physician] means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a Physician. The person must be licensed to practice medicine and prescribe and administer drugs or to perform surgery in the United States.

Physician does not include:

- You;
- a person related to You by blood or marriage; or
- a medical doctor or other person practicing outside of the United States.]

[Policy] means the group Policy issued to the Policyholder.]

[Policy Month] means a period of time:

- beginning on the day of the month corresponding to the Initial Effective Date; and
- continuing through the end of the preceding day in the next Calendar Month.]

[Policy Year] means a period of time:

- beginning on the Initial Effective Date or its anniversary; and
- continuing through the end of the day preceding the next anniversary.]

Policyholder means the entity so named on the Certificate [face page][Schedule].

[Pre-existing Condition] means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within [0-12] months before the Covered Person's Effective Date of Insurance. It is also one which would cause a person to seek diagnosis or care within the same [0-12]-month period.]

[Private Duty Nurse] means a licensed registered nurse (R.N.), or a licensed practical nurse (L.P.N.) whose service is rendered solely for the Covered Person.

A Private Duty Nurse does not include a family member of the Covered Person. Family member means You, Your Spouse, Children, grandchildren, siblings, parents, grandparents or corresponding in-laws.]

[Proof of Loss] means evidence satisfactory to Us for insurability or for other matters which require Proof.

Rehabilitation Unit means a Hospital or department in a Hospital with specialization to facilitate the process of recovery from Injury, Illness, or Disease to as normal a condition as possible.

[Regular Care] means the Covered Person personally visits a Physician as frequently as medically required, according to generally accepted medical standards, to effectively manage and treat the disabling condition(s); and is receiving the most appropriate treatment and care which conforms with generally accepted medical standards, for the disabling condition(s) by a Physician whose specialty or experience is the most appropriate for those condition(s), according to generally accepted medical standards.]

[Regular Occupation] means the occupation the Covered Person is routinely performing when Total Disability begins. We will look at the occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.]

Replaced Policy means a policy or certificate, the premiums for which are paid by or through the Policyholder. It must:

- have a paid-to date within [60] days of the Policy's Date of Application;
- be replaced by the Policy; and
- end upon issue of the Policy.

At Our request, the Policyholder must give Us Proof about an Employee's Replaced Policy.

Schedule means page(s) so labeled in the Policy and this Certificate.

[Sickness] means illness, disease or Complication of Pregnancy of a Covered Person which: (1) first manifests itself while coverage is in force for the Covered Person; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy.

Benefits for a normal pregnancy are paid on the same basis as for any other Sickness beginning on the [300th] day after the Effective Date of Insurance and while coverage under the Policy is in force for the Covered Person. The [300]-day period will be reduced by one day for each day that Replaced Coverage was in force.]

[Spouse means[:]

[1.] the person recognized as Your husband or wife under the laws of the state in which You live[:]
[or]

[2.] [the person recognized by Your state of residence as[:]

- [Your Domestic Partner;]
- [a party to a Civil Union with You;]
- [Your Reciprocal Beneficiary; or
- [someone for whom We must provide the coverage of the Policy on a spousal equivalent basis under the laws or regulations of Your state.]]

[When We provide coverage under this definition, We will continue to provide coverage after You or Your Spouse moves to a state that does not recognize the relationship described.]

[We will not continue to provide coverage under these definitions #1 and #2 for the Spouse when a legal action ends a relationship described.]

[3.] [persons who, by written agreement between the Company and the Policyholder, may be covered by the Policy on a spousal equivalent basis.]

The Policy will at no time cover more than one person as Your Spouse.

Totally Disabled (Total Disability) means, that You are:

- unable to perform the Essential duties of Your regular occupation;
- not working in any other occupation; and
- under the care of a Physician for the Total Disability.

[After [24] months of Total Disability, Totally Disabled means that You are:

- unable to perform the duties of any gainful occupation for which You are reasonably fitted by training, education or experience; and
- under the care of a Physician for the Total Disability.]

You are not Totally Disabled when You are not under the Regular Care of a Physician. We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.

United States means the United States of America and its territories.

Waiting Period – means a period of time that must pass with respect to an Employee before the Employee is eligible to be covered for benefits under the terms of the Policy. The Waiting Period is determined by the Policyholder on its application for coverage.

We, Us, Our and **Company** all mean Humana Insurance Company.

You, Your, Employee or Primary Covered Person mean the individual who is the Eligible Employee and covered under the Policy. These words appear in the Certificates. Any reference to “He,” “Him” or “His” will also refer to “She” or “Her” or “Hers,” “They,” “Them” or “Their.”

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

ADDITIONAL BENEFITS RIDER

Form HIC-HI-ABR 6/11

This Rider forms a part of the Policy and Certificate to which it is attached and is effective on the Policy Effective Date and the Effective Date shown on the Schedule of the Certificate to which it is attached. The Policy and Certificate are hereby amended by the addition of the following benefit:

In all other respects, the Policy and Certificate remain the same.

DIAGNOSTIC PROCEDURE BENEFIT. We will pay the amount shown on the Schedule Page if one of the diagnostic procedures listed below is performed on an Insured and the result is positive.

Diagnostic Procedures

Breast

Biopsy (incisional,
needle, sterotactic)

Gynecological

Cervical biopsy
Cone biopsy
Endometrial biopsy

Hysteroscopy
Loop Electrosurgical
Excisional Procedure
(LEEP)

Miscellaneous

Bone marrow
aspiration/biopsy

Cardiac

Angiogram
Arteriogram
Thallium Stress Test
Transesophageal
Echocardiogram (TEE)

Renal

Biopsy

Respiratory

Biopsy

Bronchoscopy
Pulmonary Function Test
(PFT)

Liver

Biopsy

Digestive

Barium Enema/Lower GI
series
Barium Swallow/Upper GI
series
Esophagogastroduodenoscopy
(FGD)

Lymphatic

Biopsy

Diagnostic Radiology

Computerized Tomography
Scan (CT Scan)
Electroencephalogram
(EEG)
Magnetic Resonance
Imaging (MRI)
Myelogram
Nuclear medicine test
Positron Emission
Tomography Scan (PET
Scan)

Skin

Biopsy

Excision of lesion

Thyroid

Biopsy

Ear/Nose/Throat/Mouth

Laryngoscopy

Urinary

Cystoscopy

WELLNESS FOR SPECIFIC TESTS. We will pay the amount on the Schedule Page if You or any Eligible Dependent undergoes a routine examination or other preventive testing during a Calendar year. Services covered are: Blood test for triglycerides, Breast ultrasound, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), Chest x-ray, Colonoscopy or Virtual Colonoscopy, Fasting blood glucose, Flexible sigmoidoscopy, Hemoccult stool analysis, Mammography, Pap Smear or Thin Prep Pap, PSA (blood test for prostate cancer), Serum protein electrophoresis (blood test for myeloma), Serum cholesterol test for HDL and LDL, Stress test on a bicycle or treadmill, and Thermography. The Benefit is limited to 1 per calendar year if coverage is for Employee only, and a maximum of 2 per calendar year if Employee and other Eligible Dependents are covered. Service must be under the supervision of or recommended by a Physician, received while Your Policy is in force, and a charge must be incurred.

CONTAGIOUS DISEASE/OUTPATIENT SURGICAL RECOVERY BENEFIT. We will pay the amount shown on the Schedule Page for each day that the Insured misses work while suffering from a Contagious Disease, if medical treatment or advice has been received, or while recovering from Outpatient Surgery. This benefit is not payable for days where the Daily Hospital Confinement Benefit is paid. The maximum benefit payable is 5 days per year if coverage is for the Employee only, and 10 days per year if the Employee and other Eligible Dependents are covered.

FAMILY SUPPORT BENEFIT. We will pay the amount shown on the Schedule Page if an Insured receives at least 15 days of Daily Hospital Confinement Benefit for one period of confinement.

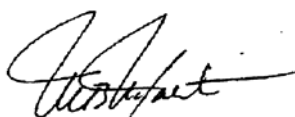
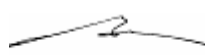
REHABILITATION BENEFIT. We will pay the amount shown on the Schedule Page for each day up to 15 days that an Insured is confined to a Rehabilitation Unit after a Hospital Confinement. The Insured must be transferred immediately to a Rehabilitation Unit after a covered period of Hospital Confinement. We will pay a maximum of 30 days per Insured per year.

Definitions

Contagious Disease - means an infectious disease, which is easily transmitted by physical contact with the person suffering the disease, or by their secretions or objects touched by them.

Rehabilitation Unit- means a Hospital or department in a Hospital with specialization to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

Signed for Humana Insurance Company

 Michael B. McCallister President	 Gerald L. Ganoni Vice President
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**POLICYHOLDER APPLICATION FOR
GROUP HOSPITAL INDEMNITY COVERAGE**
Humana Insurance Company
1100 Employers Boulevard, Green Bay, Wisconsin 54344

ADMINISTERED BY:
Bay Bridge Administrators, LLC
P.O. Box 161690, Austin, TX 78716
800-845-7519

Name of Employer:		Tax ID #	Group #	
Address:	City:	State:	Zip Code:	
Email Address:	Phone Number:		Fax Number:	
Contact Person:				
Nature of Business:		Effective Date of Coverage:		
Initial Enrollment: Start Date:		Stop Date:		
Waiting Period (if any) _____ Days				
Eligible Classes: <input type="checkbox"/> All active employees working a minimum of _____ regularly scheduled hours per week, per year. (A minimum of [17.5] hours per week is required.) <input type="checkbox"/> [Other Named Class] <input type="checkbox"/> Are there any special eligibility or employee class requirements or restrictions? If so, please describe: _____ _____ _____ SIC Code _____ Number of eligible employees [] Employee participation requirement for guaranteed issue [] Minimum number of lives if not guaranteed issue [] Plan Applied For:				
BASE PLAN WITH OPTIONS [LUMP SUM HOSPITAL CONFINEMENT BENEFIT <input]<="" b="" type="checkbox"/> [DAILY HOSPITAL CONFINEMENT BENEFIT <input]<="" b="" type="checkbox"/> [DAILY ICU/BURN UNIT BENEFIT <input]<="" b="" type="checkbox"/> [OUTPATIENT SURGERY BENEFIT <input]<="" b="" type="checkbox"/> Tier 1 Procedures <input type="checkbox"/> Tier 2 Procedures <input type="checkbox"/> [INPATIENT PHYSICIAN VISITS <input]<="" b="" type="checkbox"/> [SURGERY AND ANESTHESIA <input]<="" b="" type="checkbox"/> 	Employee Benefit Amount _____per confinement ([\$500, \$1,000, \$2,000, \$4,000, \$6,000]) _____per day ([\$100 to \$600 in \$100 increments]) _____per day ([\$100 to \$600 in \$100 increments]) _____per procedure ([\$250 to \$1,500 in \$250 increments]) _____per procedure ([\$500 to \$3,000 in \$250 increments]) _____per visit ([\$25 to \$200 in \$25 increments]) [1] Unit[s] [Maximum of [3] Units]			[Strike Waiver Rider <input]<="" b="" type="checkbox"/> [Additional Benefits Rider <input]<="" b="" type="checkbox"/> [Contagious Disease/ Outpatient Surgical Recovery [\$20] per day <input type="checkbox"/> [\$25] per day <input type="checkbox"/> [Family Support Benefit <input]<="" b="" type="checkbox"/> [\$500] per 15 day confinement <input type="checkbox"/> [Diagnostic Procedure Benefit <input]<="" b="" type="checkbox"/> [\$250] per procedure <input type="checkbox"/> [\$500] per procedure <input type="checkbox"/> [\$1,000] per procedure <input type="checkbox"/> [Wellness for Specific Tests <input]<="" b="" type="checkbox"/> [\$50] per year <input type="checkbox"/> [Rehabilitation Benefit <input]<="" b="" type="checkbox"/> [\$50] per day <input type="checkbox"/> [\$100] per day <input type="checkbox"/> [\$150] per day <input type="checkbox"/> [\$200] per day <input type="checkbox"/> [\$250] per day <input type="checkbox"/>

[OFFICE VISITS ☐]

_____ per visit
([\$25 to \$150 in \$25 increments])

[EMERGENCY ROOM VISITS ☐]

_____ per visit
([\$50 to \$250 in \$50 increments])

[AT HOME NURSING ☐]

\$90/day

[TRANSPORTATION ☐]

_____ per trip
([\$50 to \$250 in \$50 increments])

Is this a replacement of similar coverage: ☐ Yes ☐ No

If Yes, Previous Company and termination date of prior plan:

Note: This Policy is not intended to replace comprehensive major medical insurance. The Acceptance letter will confirm your Policy selections.

Rates: Employee Only:

Employee and Spouse:

Employee and Children:

Employee and Family:

It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no insurance shall be effective until approved by Humana Insurance Company at its home office.

I understand that Hospital Indemnity covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Humana Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a Hospital Indemnity plan that provides for limitations to the coverage. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for Humana Insurance Company Group Hospital Indemnity Insurance; and the proposed Policyholder understands and agrees that the Policyholder and the Covered Persons shall be subject to the provisions set forth herein.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at: _____
(City, State)

By: _____
(Authorized Signature/Title)

On: _____
(Date)

For: _____

By: _____
(Printed Agent/Broker Name)

(Signature of Agent/Broker)

ENROLLMENT FORM FOR GROUP HOSPITAL INDEMNITY COVERAGE**Humana Insurance Company****1100 Employers Boulevard, Green Bay, Wisconsin 54344****ADMINISTERED BY:****Bay Bridge Administrators, LLC****P.O. Box 161690, Austin, TX 78716****800-845-7519**

NAME	LAST	FIRST	MIDDLE	SEX	DATE OF BIRTH
STATE OF BIRTH	OCCUPATION	DATE OF HIRE	AGE	SOCIAL SECURITY NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER	

Complete for Family Coverage:

FIRST	LAST	DOB	AGE	SEX
SPOUSE				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				

[POLICYHOLDER]	[GROUP POLICY NUMBER]	[DATE OF HIRE]	[AVERAGE WEEKLY HOURS]	[BUSINESS PHONE]
<input type="checkbox"/> Yes, I want the Hospital Indemnity Coverage offered by the [Policyholder].] Total Deduction _____ [monthly, semi-monthly, weekly]		[Select type of Coverage <input type="checkbox"/> Eligible Person <input type="checkbox"/> Eligible Person + Spouse <input type="checkbox"/> Eligible Person + Child <input type="checkbox"/> Eligible Person + Family		
[Are you currently working a minimum of [17.5] hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No]				
[<input type="checkbox"/> No, I do not want coverage. I understand that if I want coverage at a later date, I will be required to provide evidence of insurability to Humana Insurance Company and my application for coverage may be declined by Humana Insurance Company. _____ Signature, if declining coverage				
_____ Date				

I hereby authorize my Employer _____ to reduce my salary by the Total Deduction and forward this amount to Humana Insurance Company. The Total Deduction is calculated as to produce the premiums as determined by my selection of coverage. I further authorize my employer to adjust my deduction based on any change in rate unless I notify them in writing to terminate my deduction.

I hereby declare that I am in an eligible class of the Policyholder. I affirm that all information given by me on this form is true and complete. I have read, or had read to me, the completed application.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Enrollee Signature_____
Date

**EVIDENCE OF INSURABILITY ENROLLMENT FORM FOR
GROUP HOSPITAL INDEMNITY COVERAGE
Humana Insurance Company
1100 Employers Boulevard, Green Bay, Wisconsin 54344**

**ADMINISTERED BY:
Bay Bridge Administrators, LLC
P.O. Box 161690, Austin, TX 78716
800-845-7519**

☐ Late Enrollee ☐ Enrollee Not Subject to Guaranteed Issue

NAME LAST	FIRST	MIDDLE	DATE OF BIRTH	SEX
STATE OF BIRTH	OCCUPATION	DATE OF HIRE	SOCIAL SECURITY NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE NUMBER

Complete for Family Coverage:

FIRST	LAST	DOB	SEX
SPOUSE			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			

[POLICYHOLDER]	[GROUP POLICY NUMBER]	[DATE OF HIRE]	[BUSINESS PHONE]
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<input type="checkbox"/> Yes, I want the Group Hospital Indemnity Coverage offered by the [Policyholder.]	[Select type of Coverage: <input type="checkbox"/> Eligible Person <input type="checkbox"/> Eligible Person + Spouse <input type="checkbox"/> Eligible Person + Child/Children <input type="checkbox"/> Eligible Person + Family]	Total Deduction _____ (monthly, semi-monthly, weekly, bi-weekly, other _____)
---	--	--

I hereby authorize my employer _____ to reduce my salary by the Total Deduction and forward this amount to Humana Insurance Company. The Total Deduction is calculated as to produce the premiums as determined by my selection of coverage. I further authorize my employer to adjust my deduction based on any change in rate unless I notify them in writing to terminate my deduction.

ALL QUESTIONS MUST BE ANSWERED

1) Are you currently working a minimum of [17.5] hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Has any person proposed for coverage missed five or more consecutive days of work in the past 12 months for any injury or illness other than a cold, flu, or maternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name(s) and condition: _____
3) Has any person proposed for coverage ever been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name(s) and condition: _____
4) In the past 5 years has any person proposed for coverage been diagnosed with, sought treatment, taken medication, or been hospitalized for any of the following: heart attack/heart surgery/heart disease; stroke/transient ischemic attack (TIA); cancer (except basal skin cancer); liver disease/hepatitis; cirrhosis; end stage renal/kidney disease; neurological disorder/multiple sclerosis; high blood pressure reading (140/90 or above); emphysema/lung disease; lupus; blood disorder; epilepsy; alcohol and/or drug abuse; diabetes (insulin dependent)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name(s) and condition: _____
4) Has any person proposed for coverage been advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," name(s) and condition: _____

Other health insurance coverage in force: (List Company name, if known.)

I hereby declare that I am in an eligible class of the Policyholder. I have personally reviewed all of my answers to the questions on this application and certify that all of the information I have provided is true, complete and correct, I agree that it is my responsibility to provide truthful, complete and correct information. I certify I fully understand the questions asked. I agree that any misstatements or failure to report information may be used as the basis of rescission or reformation of coverage for me or my dependents.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Enrollee Signature

Date

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	08/07/2012
Comments:			
Attachment(s):			
Cert of Comp. with Rule 19 Group HI.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	08/07/2012
Comments:	application are attached to the form schedule tab		

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved	08/07/2012
Comments:			
Attachment(s):			
Humana Insurance Company Authorization letter (2012).pdf			

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Humana Insurance Company

Form Number(s): HIC-GP-HI-POL 01/12, HIC-HI-GP-CERT-AR 01/12, HIC-HI-ABR 6/11,
HIC-GP-HI-ERAPP-AR 6/11, HIC-GP-HI-EE-EF-AR 6/11, HIC-GP-HI-EOI-APP-AR 10/11

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Gerald L. Ganoni
Name

President
Title

July 30, 2012
Date



January 1, 2012

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Dave Vanden Heuvel
Director of Business Services
Humana Insurance Company

State:	Arkansas	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity		
Product Name:	Group Hospital Indemnity HIC-GP-HI-POL 6/11		
Project Name/Number:	Group Hospital Indemnity/HIC-GP-HI-POL 01/12		

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/30/2012	Form	Group Hospital Indemnity Policy	08/06/2012	HIC-GP-HI-POL 01-12 02-13-2012.pdf (Superceded)
07/30/2012	Form	Group Certificate	08/08/2012	AR HIC-HI-GP-CERT-AR 01-12.pdf (Superceded)

Humana Insurance Company

[1100 Employers Boulevard
DePere, Wisconsin 54344
1-800-845-7519]

GROUP HOSPITAL INDEMNITY POLICY

Policyholder: [ABC Company]
Policy Number: [123]
Policy Date: [JANUARY 1, 2011]
Anniversary Date: [JANUARY 1, of each year]

MASTER POLICY

This Policy is a legal contract between the Policyholder and Us. To understand the coverage, the Policyholder must read this Policy as a whole.


We agree to insure certain individuals and to pay the benefits provided by this Policy in accordance with its provisions.

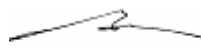
This Policy is issued in consideration of statements made in the application and the payment of premiums by the Policyholder. A copy of the signed application will be attached and made a part of this Policy.

This Policy is effective on the Policy Date. The Policy Date will be the date of issue. The first Policy Year will end on the anniversary date shown above. Each Policy Year after that will end on the same date of each year. All periods will begin and end at 12:01 A.M. Standard Time at the Policyholder's main address.

For Humana Insurance Company:

[


Michael B. McCallister
President


Gerald L. Ganoni
Vice President

]

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INCORPORATION PROVISION

The provisions of the attached Application, Certificate and all amendments to this Group Policy after its effective date are incorporated into and made part of this Group Policy.

The terms used in this Policy have the same meaning given to those terms in the Certificate unless otherwise specifically defined in this Policy.

CERTIFICATE

The Certificates, including the Certificate Schedules, amendments, riders and supplements, if any, are a written statement prepared by Us to set forth a summary of:

- benefits to which a Covered Person is entitled;
- to whom the benefits are payable; and
- limitations or requirements that may apply.

If Certificates are delivered to the Policyholder, it will be the Policyholder's responsibility to deliver the Certificate to each respective Insured Person.

ELIGIBILITY AND EFFECTIVE DATE

Policy Effective Date

Coverage under this Policy begins at 12:01 a.m. Standard Time on the Policy Date shown on page 1 of this Policy.

TERMINATION OF INSURANCE

Termination of This Policy

This Policy can be cancelled:

- by the Policyholder; or
- by Us.

If the premium is not paid when it is due or during the Grace Period, this Policy will terminate at midnight on the last day for which premium was paid. The Policyholder must pay all premiums due for the full period each Certificate is in force.

If We cancel this Policy for reasons other than the Policyholder's failure to remit premium, a written notice will be delivered to the Policyholder at least 60 days prior to the cancellation date.

The Policyholder may cancel this Policy by written notice delivered to Us at least 31 days prior to the cancellation date. This Policy can be cancelled on an earlier date if We both agree. Coverage will end at 12:00 midnight Standard Time on the cancellation date.

PREMIUMS

When and Where to Pay Premiums

The premiums for the coverage must be paid to Us at Our home office or to Our administrator when they are due. The premium due dates are based on the effective dates of the coverage shown on the Certificate Schedules.

Each monthly premium will be calculated on the basis of Our record as to the number of Covered Persons in each coverage classification at the time of calculation, at the premiums then in effect.

Our Right to Change Premiums

We have the right to change the premium We charge. If We plan to make a change, We will send the Policyholder a notice at least 60 days in advance.

However, We may change premium rates at any time for reasons which affect the risk assumed, including the reasons shown below:

- a change occurs in the plan design;
- a division, subsidiary, or affiliated company is added or deleted;
- a substantial change occurs in the participation level of Primary Insureds;
- the number of Primary Insureds changes by 25% or more; or

- a new law or a change in any existing law is enacted which applies to this Policy.

GENERAL PROVISIONS

Coverage Provided by This Policy.

We insure a Covered Person for a loss according to the provisions of this Policy.

Entire Contract:

The contract between the parties consists of:

- 1) the Policy;
- 2) any certificates incorporated and made a part of the Policy;
- 3) any riders issued in connection with such certificates;
- 4) the Policyholder's application; and
- 5) any Written Medical Insurability Application submitted by the Eligible Person/Employee and accepted by The Company in connection with the Policy.

All statements made by the Policyholder, Participating [Entity] or persons insured under The Policy will be deemed representations and not warranties. No statement made to effect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary.

Incontestability. This Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After two years from the Policy Effective Date, no misstatements made in the Policyholder's Application, except fraudulent misstatements, will be used to contest this Policy.

Physical Examination. We, at Our own expense, have the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as We may reasonably require during the pendency of the claim.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by Us of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by Us to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity with State Statutes. Any provision of this Policy and any Certificate which, on its Effective Date, is in conflict with the statutes of the state in which this Policy or any Certificate is delivered is hereby amended to conform to the minimum requirements of those statutes.

Clerical Error. Clerical error, whether by the Policyholder or Us, will not void the insurance of any Covered Person if that insurance would otherwise have been in effect or extend the insurance of any Covered Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Misstatement of Age. If premiums for the Covered Person are based on age and the Covered Person's age has been misstated, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Covered Person is insured are based on age and the Covered Person's age has been misstated, there will be an adjustment of said benefit based on his or her true age. We may require satisfactory proof of age before paying any claim.

Information to Be Furnished By the Policyholder.

The Policyholder must keep a record of the Named Insureds and the particulars of the insurance on each. The Policyholder must provide Us at regular intervals, on forms acceptable to Us, information relative to persons:

- who are eligible to enroll;
- who are insured by the coverage; and
- whose coverage terminates pursuant to the "Termination Dates" provision.

The Policyholder must also provide Us with any other information about the coverage that may be reasonably required, such as Named Insureds on leave of absence.

We have the right to inspect the Policyholder's records which may have a bearing on the insurance provided by this Policy. We may inspect the records at any time while this Policy is in force and within one year after the termination of this Policy.

HUMANA INSURANCE COMPANY

[1100 Employers Boulevard]

[DePere, Wisconsin 54344]

TELEPHONE [1-800-845-7519]

GROUP HOSPITAL INDEMNITY INSURANCE CERTIFICATE NON-PARTICIPATING

[POLICYHOLDER LOGO (OPTIONAL)]

CERTIFICATE OF GROUP HOSPITAL INDEMNITY INSURANCE FOR:

[EXEMPT EMPLOYEES OF ABC Company]

[OTHER NAMED CLASS]

[OTHER NAMED CLASS]

**THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF
WORKER'S COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO
DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKER'S
COMPENSATION SYSTEM.**

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INSURING INFORMATION

Humana Insurance Company ("Company") has issued Group Hospital Indemnity Insurance Policy [#####] ("the Policy") to the Policyholder:

[XYZABC, Inc.]
[1234 Any Street]
[Any City, Any State 99999]

The Policy's Initial Effective date is [MM/DD/CCYY].

All periods will begin and end at 12:01 A.M. Standard Time at the Policyholder's main address.

Your Date of Certificate is [MM/DD/CCYY].

This is a Certificate issued under the terms of the Policy. It is a summary of the Policy.

If the Policy and this Certificate differ, the Policy will govern. On request, the Policyholder will provide You with the Policy or a copy of it for review.

Maximum Age: [Employee] [and Dependent] coverage ends when the [Employee] is age [70]

SCHEDULE OF BENEFITS

[HOSPITAL INDEMNITY BENEFITS

Insureds:

[Covered Person]
[Covered Dependents]
[Other Named Class]

BENEFITS	BENEFIT AMOUNT
[Elimination Period(s)][Daily Hospital Confinement Benefit] [Sickness] [Injury] [Organ Donations] [Cancer, hernia, adenoids, tonsils, or appendix (unless on an emergency basis)]	[0-365 days] [0-365 days] [12 months] [6 months]
[Hospital Confinement Benefit - Lump Sum (Per Hospital Confinement)]	[\$500 - \$6,000]
[Daily Hospital Confinement Benefit (Per day)]	[\$100 - \$600]
[Daily ICU/Burn Unit Benefit Per day]	[\$100 - \$600]
[Outpatient Surgery: Tier 1 Procedures (per covered procedure): Tier 2 Procedures (per covered procedure): Calendar Year Maximum (per Covered Person)]	[\$250 - \$1,500] [\$500 - \$3,000] [\$750 - \$4,500]
[Inpatient Physician Visits (Per Visit/One visit per day)]	[\$25 - \$200]
[Inpatient Surgery and Anesthesia Benefit: <ul style="list-style-type: none"> Surgery (see attached schedule) Anesthesia 	[\$36 - \$1,800) Unit (30% of surgical benefit)]
[Office Visits (Per Visit)] (Max [2] visits per year for Primary Covered Person; [4] for Primary Covered Person and Covered Dependents (max [2] per person including wellness visits.	[\$25 - \$150]

[Emergency Room Visits (Per visit for Injury or Sickness; maximum [2] visits per year per Covered Person)]	[\$50 - \$250]
[At Home Nursing Benefit (Per Day; maximum [45] days in the [60] days following Hospital Confinement)]	[\$90]
[Transportation: <ul style="list-style-type: none"> • Ambulance • Non-Local] 	[\$100 - \$400] [\$100 - \$400]
[Additional Benefits: Contagious Disease/Outpatient Surgical Recovery (Per day) Diagnostic Procedure Benefit Family Support Benefit (Lump Sum) Rehabilitation Benefit (Per Day)] Wellness Benefit	[\$20 or \$25] [\$250, \$500 or \$1,000] [\$500] [\$50 - \$250] [\$50, \$75, or \$100]

[[ELIGIBILITY

Eligibility to Enroll

You are Eligible to Enroll when You:

- are a member of a Class of Eligible Employees listed on the Schedule; and
- meet the Eligibility Requirements shown on the Schedule.

[Class of Eligible Employees:]

[Exempt Employees
[Other Named Class]
[Other Named Class]

[Class of Eligible Dependents:]

[Spouses of Covered Person/Eligible Employees]
[Children of Covered Person/Eligible Employees]

[[Eligibility Requirements for Eligible Employees]

[In order to Enroll, an Eligible Employee must be [Actively at Work (Active Employment)]:

[for [Exempt Employees] Actively At Work means [15-40] hours per [week]]

[for [Other Named Class] Actively At Work means [15-40] hours per [week]]

[[[Waiting Periods for Eligible Employees are as follows:]

[[[Exempt Employees] are Eligible to Enroll on Date of Employment]

[[[Other Named Class] are Eligible to Enroll after Active Employment for [0-90 days]]

[However, if an Eligible Employee is not Actively At Work at the end of the Waiting Period, the Waiting Period will be extended until the Eligible Employee resumes work in a pattern that will establish Active Employment.]

[Eligible Employees must be Age [##] but not more than Age [##].] The Maximum Renewal Age is to Age [##]. [However, an Employee who remains Actively At Work after Age [##] will remain an Eligible Employee.]

[Additional Eligibility Requirements for Dependents]

[Waiting Periods for Eligible Employees apply to their Eligible Dependents.]

[Spouses of Eligible Employees must be Age [##] but not more than Age [##].] [A Spouse who is an Eligible Employee may be covered as Primary Covered Person or a Covered Dependent, but not both.]

[Children of Eligible Employees must be Age [0] but not more than Age [25].] [A child who is an Eligible Employee may be covered as a Primary Covered Person or a Covered Dependent, but not both.]

EFFECTIVE DATE OF INSURANCE

Subject to payment of premium, insurance starts when You:

- join a Class of Eligible Employees;
- meet the Eligibility Requirements shown on the Schedule; and
- when Company accepts the completed enrollment form, if required.

We may require You to provide Us with Evidence of Insurability if Enrollment takes place more than [30] days after You first become Eligible. However, if You do not Enroll when You are first Eligible to Enroll, insurance will not become effective until the first day of the [Calendar Month] following Your later Enrollment.

The Benefit Amount available to You without Evidence of Insurability is shown on the Schedule.

[EFFECTIVE DATES FOR CHANGES IN AMOUNTS OF INSURANCE]

[Increases in the amount of insurance based on Policy provisions will occur [on the first day of the [Calendar Month] following the change].]

[If Evidence of Insurability is not required, increases that You request will occur [on the first day of the [Calendar Month] following the change request].]

[If Evidence of Insurability is required, increases that You request will occur [on the first day of the [Calendar Month] after We approve the Evidence of Insurability].]

[Decreases that You request will occur on [the first day of the [Calendar Month]] following receipt of the written request by the Policyholder.]

[Decreases on account of Age will occur on the [first day of the [Calendar Month]] following the Age change.]]

Benefits

Benefits selected by the Policyholder and approved by the Company are shown on the Schedule of Benefits.

Benefits shown on this Certificate are available:

- to You and Your Covered Dependents;
- who Enroll for the Benefits;
- are covered under the terms and conditions of the Policy; and
- for whom Premiums are paid.

All Benefits of the Policy are subject to the Benefit Conditions, Limitations and Exclusions.

We will pay the benefits, as shown below, for each Hospital Confinement or other added Benefits for a Covered Person for Injury or Sickness. Before benefits are payable, the Hospital Confinement must:

- be at the direction of and under the supervision of a Physician;
- with respect to the Daily Hospital Confinement Benefit, continue beyond the Elimination Period for each Period of Confinement due to an Injury or Sickness;
- begin on or after the Certificate Effective Date and while coverage is in force for the Covered Person; and
- be due to Injury or Sickness that is not excluded by name or description in the Benefit Conditions, Limitations and Exclusions.

Benefits payable will not exceed the Maximum Benefit Period shown below.

BENEFITS	MAXIMUM BENEFIT PERIOD
<p>Lump Sum Hospital Confinement Benefit We will pay for each Hospital Confinement of a Covered Person the lump sum benefit specified on the Schedule of Benefits.</p> <ul style="list-style-type: none"> • [100%] of the specified amount will be paid for any Hospital Confinement due to Injury. • [50%] of the specified amount will be paid for a Hospital Confinement of [#] days or more due to Sickness. • [25%] of the specified amount will be paid for a Hospital Confinement of less than [#] days due to Sickness. 	Maximum of [1] per Calendar Year for Injury and [1] per year for Sickness.
<p>Daily Hospital Confinement Benefit We will pay for each day of a Covered Person's Hospital Confinement the amount specified on the Schedule of Benefits.</p>	Maximum of [60] days for any Period of Confinement.[subject to Elimination Period shown on the Schedule]
<p>Daily ICU/Burn Unit Benefit We will pay for each day of a Covered Person's confinement to an Intensive Care Unit or Burn Unit the amount indicated on the Schedule of Benefits.</p>	Maximum of [15] days for any Period of Confinement.
<p>Outpatient Surgery Benefit We will pay for surgery performed in an Ambulatory Surgical Center. The amount paid will depend on whether the surgery is a Tier 1 surgical procedure or Tier 2 surgical procedure as shown in Outpatient Surgery Procedures.</p>	Maximum of [1] Tier 1 procedure and [1] Tier 2 procedure per Covered Person per Calendar Year.
<p>Inpatient Physician Visits We will pay the amount indicated on the Schedule of Benefits for [1] visit per [day] by a Physician while a Covered Person is confined in a Hospital.</p>	[1] visit per day. Maximum of [10] days per Period of Confinement
<p>Inpatient Surgery and Anesthesia Benefit We will pay for the following benefits for surgery performed as an inpatient.</p> <ol style="list-style-type: none"> Surgery. See Surgical Schedule. Anesthesia. We will pay an additional [30%] of the Surgical Schedule amount for the surgery performed. 	See Surgical Schedule.

Office Visits If Covered Person incurs a Sickness or Accident which requires care in a Physician's office, we will pay the amount specified on the Schedule of Benefits page.	Maximum of [2] visits per Calendar Year per Covered Person up to a maximum of [4] visits per Calendar Year total for all Covered Persons combined
Emergency Room Visits If a Covered Person incurs a Sickness or Accident that requires care in an Emergency Room we will pay the amount specified on the Schedule of Benefits page.	Maximum of [2] visits per Calendar Year per Covered Person up to a maximum of [4] visits per Calendar Year total for all Covered Persons combined
At Home Nursing Benefit We will pay the amount specified on the Schedule of Benefits for Private Duty Nursing care and attendance by a Nurse at home. Nursing services must be: (a) required and authorized by the attending Physician; (b) immediately following confinement covered by this policy in a Hospital ; and (c) rendered by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN/LVN).	Maximum of [45] days in the [60] days following a Hospital Confinement.
Transportation Benefit Ambulance- We will pay the amount specified on the Schedule of Benefits if a Covered Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient. The amount will be doubled if the transfer is by air ambulance. Non-Local- We will pay the amount specified on the Schedule of Benefits when a Covered Person requires Hospital Confinement prescribed by a local attending Physician that cannot be obtained within [100] miles of Covered Person's residence. This benefit is payable only once per continuous Hospital Confinement.	Combined maximum of [3] trips per Calendar Year per Covered Person.
[Contagious Disease/Outpatient Surgical Recovery] We will pay the amount specified on the Schedule of Benefits if a Covered Person misses work while suffering from a covered Contagious Disease or while recovering from Outpatient Surgery as covered under the Policy. This benefit does not overlap with Daily Hospital Benefit.	Maximum of [5] days per Calendar Year for the Primary Covered Person only; and a maximum of [10]days in total for the Primary Covered Person and Covered Dependents ([5] per person maximum).]
[Family Support Benefit] We will pay the amount specified on the Schedule of Benefits if a Covered Person receives at least [15] days of Daily Hospital Benefit for [1] period of confinement.	[1] lump sum payment per Covered Person per Calendar Year; and a maximum total of [3] lump sum payments per Calendar Year for all Covered Persons combined]

<p>[Diagnostic Procedure Benefit] We will pay the amount specified on the Schedule of Benefits only if the result is positive. See attached list of eligible procedures. If also payable under Outpatient Surgery Benefit, then we will only pay the Diagnostic Procedure Benefit.</p>	<p>Maximum of [1] benefit per Covered Person per Calendar Year; and a maximum total of [3] benefits for all Covered Persons combined]</p>
<p>[Wellness Benefits] We will pay the amount specified in the Schedule of Benefits for tests listed in the schedule below.</p>	<p>Maximum of [1] benefit per Covered Person per Calendar Year; and a maximum total of [2] benefits for all Covered Persons combined]</p>
<p>[Rehabilitation Benefit] We will pay the amount specified in the Schedule of Benefits. The Covered Person must be transferred immediately to a Rehabilitation Unit after a covered period of Hospital Confinement.</p>	<p>Benefit per day up to a maximum of [15] days per confinement and [30] day maximum per Covered Person per Calendar Year; and a maximum total benefit of [60] days per Calendar Year for all Covered Persons combined]</p>

OUTPATIENT SURGERY PROCEDURES

Tier 1 – Surgical Procedures

[Breast] – axillary node dissection; breast capsulotomy; breast reconstruction; lumpectomy]

[Cardiac] – pacemaker insertion]

[Digestive] – colonoscopy; fistulotomy; hemorrhoidectomy (external); lysis of adhesions]

[Ear/Nose/Throat/Mouth] – adenoidectomy; removal of oral lesions; myringotomy; tonsillectomy; tracheostomy]

[Gynecological] – dilation & curettage (D&C); endometrial ablation; lysis of adhesions]

[Liver] – paracentesis]

[Musculoskeletal System] – carpal/cubital repair or release; dislocation (closed reduction treatment); foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair); fracture (closed reduction treatment); removal of orthopedic hardware; removal of tendon lesion]

[Skin] – laparoscopic hernia repair, skin grafting]

Tier 2 – Surgical Procedures

[Breast] – breast reduction]

[Cardiac] – angioplasty; cardiac catheterization]

[Digestive] – exploratory laparoscopy; laparoscopic appendectomy; laparoscopic cholecystectomy]

[Ear/Nose/Throat/Mouth] – ethmoidectomy; mastoidectomy; septoplasty; stapedectomy; tympanoplasty; tympanotomy]

[Eye] – cataract surgery; corneal surgery (penetrating keratoplasty); glaucoma surgery (trabeculectomy); vitrectomy]

[Gynecological] – myomectomy]

[Liver] – paracentesis]

[Musculoskeletal System] – arthroscopic knee surgery w/menisectomy (knee cartilage repair); arthroscopic shoulder surgery; clavicle resection; dislocations (ORH – open reduction with internal fixation); Fracture (ORH – open reduction with internal fixation); removal or implantation of cartilage; tendon/ligament repair]

[Thyroid] – excision of a mass]

Diagnostic Procedures

[Breast] – biopsy (incisional, needle, sterotactic]

[Cardiac] – angiogram; arteriogram; thallium stress test; transesophageal echocardiogram (TEE)]

[Diagnostic Radiology] – computerized tomography scan (CT scan); electroencephalogram (EEG); magnetic resonance imaging (MRI); myelogram; nuclear medicine test; positron emission tomography scan (PET scan)]

[Digestive] – barium enema/lower GI series; barium swallow/upper GI series; esophagogastroduodenoscopy (EGD)]

[Ear/Nose/Throat/Mouth] – laryngoscopy]

[Gynecological] – cervical biopsy; cone biopsy; endometrial biopsy; hysteroscopy; loop electrosurgical excisional procedure (LEEP)]

[Liver] – biopsy]

[Lymphatic] – biopsy]

[Miscellaneous] – bone marrow aspiration/biopsy]

[Renal] – biopsy]

[Respiratory] – biopsy; bronchoscopy; pulmonary function test (PFT)]

[Skin] – biopsy; excision of lesion]

[Thyroid] – biopsy]

[Urinary] – cystoscopy]

Wellness Benefit

1. [Blood test for triglycerides]
2. [Breast ultrasound]
3. [CA 15-3 (blood test for breast cancer)]
4. [CA 125 (blood test for ovarian cancer)]
5. [CEA (blood test for colon cancer)]
6. [Chest x-ray]
7. [Colonoscopy or virtual colonoscopy]
8. [Fasting blood glucose]
9. [Flexible sigmoidoscopy]
10. [Hemoccult stool analysis]
11. [Mammography]
12. [Pap smear or Thin Prep Pap]
13. [PSA (blood test for prostate cancer)]
14. [Serum protein electrophoresis (blood test for myeloma)]
15. [Serum cholesterol test for HDL and LDL]
16. [Stress test on a bicycle or treadmill]
17. [Thermography]

INPATIENT SURGERY AND ANESTHESIA BENEFIT (1 UNIT)

[BONE

[Bone marrow biopsy or aspiration	[\$120]]
[Removal of knee cartilage	[\$180]]
[Total knee replacement	[\$600]]
[Total hip replacement	[\$900]]]

[BRAIN

[Burr holes not followed by surgery	[\$375]]
[Ventriculoperitoneal shunt	[\$625]]
[Exploratory craniotomy	[\$875]]
[Excision of brain tumor	[\$1,250]]
[Hemispherectomy	[\$1,250]]]

[BREAST

[Incisional biopsy	[\$120]]
[Needle biopsy	[\$120]]
[Breast reduction	[\$360]]
[Lumpectomy	[\$240]]
[Stereotactic biopsy	[\$120]]
[Axillary node dissection	[\$180]]
[Partial mastectomy	[\$360]]
[Breast reconstruction	[\$600]]
[Mastectomy	
[Simple	[\$360]]
[Radical	[\$720]]]

[DIGESTIVE

[Exploratory laparotomy	[\$360]]
[Appendectomy	[\$240]]
[Colostomy	[\$240]]
[ERCP	[\$240]]
[Vagotomy	[\$360]]
[Partial colectomy	[\$480]]
[Colectomy	[\$720]]
[Colectomy with ileostomy	[\$720]]
[Cholecystectomy	[\$720]]
[Esophagectomy	[\$900]]
[Gastrectomy	
[Partial	[\$600]]
[Total	[\$1,200]]]

[EAR/NOSE

[Tympanotomy	[\$120]]
[Adenoidectomy	[\$180]]
[Myringoplasty	[\$180]]

[SPINE

[Discectomy	[\$600]]
[Fusions	[\$900]]
[Laminectomy	[\$600]]]

[EYE

[Cataract	[\$240]]
[Enucleation	[\$600]]
[Comeal transplant	[\$900]]]

[GYNECOLOGIC

[Dilation & curettage (D&C)	[\$120]]
[Vaginal delivery	[\$240]]
[Cesarean delivery	[\$240]]
[Vaginal Hysterectomy	
[Partial	[\$480]]
[Total	[\$900]]
[Abdominal hysterectomy with or	
[without tubes and ovaries	[\$900]]
[Vulvectomy	
[Partial	[\$240]]
[Radical	[\$360]]]

[HEART

[Insertion of pacemaker	[\$240]]
[Angioplasty	
[One vessel	[\$600]]
[Two vessels	[\$900]]
[Coronary artery with graft	[\$1,200]]
[Replacement of aortic or mitral valve	[\$1,200]]]

[LARYNX

[Tracheostomy	[\$120]]
[Laryngectomy	[\$600]]
[Laryngectomy with radical neck	
[dissection	[\$1,200]]]

[LIVER

[Needle biopsy	[\$120]]
[Wedge biopsy	[\$180]]
[Resection of liver	[\$900]]]

[LUNGS

[Needle biopsy	[\$240]]
[Thoracotomy	[\$480]]
[Pneumectomy	[\$900]]
[Wedge resection of lung	[\$600]]]

[Mastoidectomy	
[Simple	[\$180]]
[Radical	[\$360]]
[Tonsillectomy with or without	
adenoids	[\$180]]]

[MISCELLANEOUS

[Foot surgery	[\$180]]
[Repair of hernia	[\$300]]
[Carpal tunnel release (one hand or	
two)	[\$120]]
[Fractures	
Open reduction	[\$300]]
[Mandibulectomy	[\$480]]
[Organ transplant	[\$1,250]]
[Vasectomy	[\$180]]]

[PANCREAS

[Jejunostomy	[\$250]]
[Pancreatectomy	[\$625]]
[Whipple procedure	[\$1,250]]]

[SKIN

[Biopsy	[\$60]]
[Excision of lesion of skin	
[Without flap or graft	[\$120]]
[With flap or graft	[\$360]]]

[Lobectomy	[\$900]]
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[LYMPHATIC

[Biopsy lymph node	[\$120]]
[Splenectomy	[\$360]]
[Lymphadenectomy (bilateral)	[\$600]]]

[THYROID

[Biopsy	[\$180]]
[Thyroidectomy	
[One lobe	[\$240]]
[Two lobes	[\$600]]]

[URINARY

[Biopsy prostate	[\$120]]
[Hydrocele	[\$120]]
[Cystotomy	[\$240]]
[Orchiectomy	
(unilateral, bilateral)	[\$240]]
[Biopsy of kidney	[\$480]]
[TUR bladder	[\$360]]
[TUR prostate	[\$360]]
[Prostatectomy, radical	[\$900]]
[Cystectomy (bladder)	
[Partial	[\$600]]
[Complete	[\$900]]
[Nephrectomy	[\$900]]]

[WAIVER OF PREMIUM BENEFIT

We will waive Premiums from the first day of Total Disability when You have a Total Disability that:

- starts while the Policy and Your Certificate are in force or in the Grace Period;
- starts before the Certificate Anniversary following Your 60th birthday; and
- continues without interruption for at least 60 days.

Waiver will start on the first day of Total Disability. We will waive Premiums:

- as they fall due while You remain Totally Disabled; and
- using the mode of Premium payment that was in effect when Total Disability began.

We will not waive Premiums after the date that the Policy ends.

We will not end a claim if You attempt to return to work for [14] days or less.]

PAYMENT OF BENEFITS

We will pay Benefits when We receive Proof of Loss acceptable to Us. Benefits are subject to the Benefit Conditions, Limitations and Exclusions.

BENEFIT CONDITIONS, LIMITATIONS AND EXCLUSIONS

No Benefits under the Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

- [intentionally self-inflicted Injury;]
- [suicide or any attempted suicide, while sane or insane;]
- [mental or emotional disorders without demonstrable organic disease;]
- [taking part in an illegal occupation;]
- [treatment for drug addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Physician;]
- [treatment of drug Intoxication, except when caused by drugs that are prescribed by and used as ordered by a Physician;]
- [treatment of alcoholism, or treatment for the use of alcohol;]
- [rest cures;]
- [dental services or treatments unless needed due to Injury;]
- [routine eye examinations, eye glasses or the fitting thereof;]
- [hearing aids or the fitting thereof;]
- [Sickness or Injury if Workers' Compensation or Employer's Liability benefits are payable;]
- [war, declared or undeclared;]
- [taking part in a riot, felony or insurrection;]
- [parachute jumping or sky diving;]
- [travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;]
- [military or naval services (On written notice to Us, We will refund Premiums pro rata for any period not covered because of such service.);]
- [hospitalization, treatment or services for members or ex-members of the armed forces in any military or veteran's hospital, soldier's home or Hospital contracted for or operated by any national government or agency thereof unless the Covered Person is legally required to pay the charges therefore in the absence of insurance;]
- [cosmetic services or treatment, except when the care is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery means surgery:
 - o to restore a normal bodily function;
 - o to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - o for breast reconstruction following mastectomy; or]
- [routine well-baby care; or]
- [losses related to pregnancy that begins before the Covered Person's Start Date of Insurance.]

No Benefits under the Policy will be paid for loss that takes place outside of the United States.

[Any loss due to a Pre-existing Condition will not be covered if the loss begins within [0-12] months after the Covered Person's Effective Date of Insurance. [However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
 - by the Policy on its Initial Effective Date.
1. We will review the claim. If the Policy's Pre-Existing Condition Exclusion does not apply, We will pay the Benefits of the Policy.
 2. If the Covered Person does not satisfy the Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Policy's pre-existing condition exclusion giving credit for all time insured under both policies; then We will pay the lesser of:
 - (a) the Policy's Benefit without applying the Pre-Existing Condition Exclusion; or
 - (b) the Benefit of the Replaced Policy.Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy.
 3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of the Policy or that of the Replaced Policy, no Benefit will be paid.]

CLAIM PROVISIONS

Notice of Claim

Written notice of claim must be given to Us within [30] days after the date of a loss. If that is not possible, We must be notified as soon as it is reasonably possible to do so.

When We receive written notice of claim, We will send claim forms. If the claim forms are not received within [15] days after the notice is sent, written proof of claim can be sent to Us without waiting for the forms.

Proof of Loss

Proof of Loss must be given to Us within [90] days after a loss occurs or starts.

If it is not possible to give proof within this time limit, it must be given as soon as reasonably possible. Proof of Loss may not be given later than one year after the time such proof is otherwise required, except if the individual is legally unable to provide it.

Proof of Loss includes a claim form or other documents satisfactory to Us.

Proof of Loss may also include statements completed by You and/or Your Covered Dependent, [the Employer] and the attending Physician showing:

- the nature of the loss;
- the date, or inclusive dates, of loss; and
- the cause of loss.

[For the Waiver of Premium Benefit, We may require Proof of Loss on a monthly basis. We will not require such Proof of Loss on a monthly basis when it is no longer reasonably necessary to do so.]

On request, We will tell the Covered Person or other claimant what forms or documents are required.

We may require authorizations to obtain medical information.

We will give You or the claimant a claim form upon request. You are responsible for any costs for completing the claim form.

We may ask for other Proof of Loss from hospitals and Physicians. We will pay the reasonable cost of obtaining these records.

Payment of Claims

Benefits will be paid to You. If You do not live to receive payment, any Benefit will be paid to Your:

- Beneficiary, if one is named; or
- estate.

If Benefits are payable to Your estate or to a Beneficiary who cannot give Us a valid release, We can pay up to \$1,000 to someone related to You, by blood or marriage, whom We find is justly entitled to payment. Such a payment made in good faith will discharge Us to the extent of the amount paid.

You may assign proceeds of a claim. Assignment of a Certificate as collateral security is not allowed.

Time Payment of Claims

Clean claims will be paid or denied within 30 days after receipt of claim filed electronically or within 45 days after receipt of claim submitted by other means. We shall notify you within 30 days after receipt of the claim if we determine that additional information is needed to process the claim. If we do not pay the claim or give notice that additional information is needed in order to process the claim, we shall pay a penalty to you for the period beginning on the 61st day after receipt of the clean claim and ending on the clean claim payment date, calculated as follows: the amount of the clean claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365.

Clean Claim means a claim for payment of a covered expense that is submitted on a HCFA 1500, on a UB92, in a format required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or on our standard claim form with all required fields completed in accordance with our published claim filing requirements. A Clean Claim shall not include a claim (1) for payment of expenses incurred during a period of time for which premiums are delinquent, (2) for benefits under a Medicare supplement policy if the claim is not accompanied by an explanation of Medicare benefits or the Explanation of Medicare Benefits ("EOMB") has not been otherwise received by the Health Carrier, or (3) for which the Health Carrier needs additional information in order to resolve one or more of the issues listed in Subsection 13(b) of this rule.

Examination and Autopsy

We, at Our own expense, will have the right and opportunity to have a claimant examined by a Physician of Our choice. This right may be exercised as often as reasonably required.

We, at Our own expense, will have the right to have an autopsy performed in the case of death, where autopsy is not forbidden by law.

[PORTABILITY

Portability Benefit

Portability allows You to keep the Policy's Benefits at certain times when Your coverage would otherwise end. This is subject to the Benefit Conditions, Limitations and Exclusions.

Coverage is provided under the terms and conditions of the Policy.

When Portability is Available

Subject to the Portability Benefit Conditions and Limitations, You may port Benefits when You:

- have been continuously covered by the Policy for at least [6] months;
- are less than Age [70];
- are not Totally Disabled; and
- are no longer Actively At Work as an Employee.

The Policy must be in force on the date that You port coverage.

How to Exercise Portability

You must, within [46] days after the date that Your coverage would end:

- submit written application on a form approved by the Company; and
- pay the first Premium for ported coverage.

Effective Date of Ported Insurance

When the first Premium for ported insurance is paid, coverage will start on the date that coverage under the Policy would have ended.

Premiums and Premium Due Dates

You must pay Premiums to the Company by [monthly bank draft] or other mode of Premium payment that We approve.

After insurance is effective there is a [31]-day Grace Period for each Premium due. If the Premium due is not paid, the Grace Period begins on the day of the month that coverage began. Coverage remains in effect during the Grace Period.

The Premium rate and Premium changes applicable to a Class will apply to former Class members who have ported.

We may add a billing fee to the Class rate applicable to ported Certificates.

If You port and Premiums for a Class change, We will provide You at least a [60-day] advance written notice of the change.]

Amount of Insurance

Subject to the Changes to Amount of Ported Coverage provision, insurance provided will be that which was in effect on the day prior to the Effective Date of Ported insurance.

Changes to Amount of Ported Coverage

Benefits provided under the Portability provision cannot be increased.

If You decrease or end a Ported Benefit, any change in Premium will take place on [the first day of the [Calendar Month] after We receive the request.

When insurance decreases or ends for a Class, the decrease or termination will apply to former members of the Class who have ported.

Termination of Ported Insurance

Ported insurance for You and Your Covered Dependents ends on the earliest of the following dates:

- when You request termination;
- at the end of the Grace Period, if the Premium is not paid;
- when You reach the Maximum Renewal Age;
- a date or Age for termination of insurance for the Covered Person shown on the Schedule;
- for a Spouse or Child, when He or She no longer meets the Policy's definition of Spouse or Child;
- for a Spouse, Age [##];
- for a Child, Age [25];
- on the next Premium due date upon Your death;

Termination of the Policy

If the Policy terminates, covered persons will be eligible to exercise the Portability Privilege on the termination date of the Policy. Portability coverage may continue beyond the termination date of the Policy, subject to timely payment of premiums. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability Benefit Conditions and Limitations

Unless stated, any changes to the Policy apply to ported insurance.

You are not eligible to use this Benefit if Totally Disabled.

[You cannot port while absent from work due to:

- temporary layoff;
- suspension of business operations; or
- Policyholder-approved leave of absence for non-medical reasons.]

You are not eligible to port while Policy coverage is continued based on a state or federal law, regulation or rule.

You are not eligible to Port when the Policy ends.]

[TERMINATION OF INSURANCE – COVERED PERSONS]

Subject to the [Waiver of Premium] [and Portability] provision[s], all insurance ends on the earliest of the following dates:

- [Your retirement;]
- the Maximum Age shown on the Insuring Information [except that if You remain Actively At Work You may continue the coverage];
- the end of the Grace Period, if Premium for this coverage is not paid;
- the end of the [Calendar Month] when the Covered Person is no longer Eligible;
- the Policy's termination date;
- the end of the [Calendar Month] when We receive a request to end this insurance;
- [the date that a Spouse reaches the maximum age showing on the Insuring Information page;
- [the date that a Child reaches Age [19-26]; [or]
- Your death.

When Your coverage ends, insurance on other persons covered by this Certificate will also end.

Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.]

CONTINUATION OF COVERAGE DURING A LABOR DISPUTE

If an Employee stops work because of a labor dispute, coverage continues under the Policy, subject to timely payment of premium for the Employee who:

1. is covered under the Policy on the date the work stoppage begins;
2. continues to pay the Employee's individual contribution; and
3. assumes and pays during the work stoppage the contribution due from the Employer.

Continuation will not continue for a period:

1. longer than six months after a work stoppage begins;
2. beyond the time that 75% of the covered Employees return to work; or
3. beyond the time that You take a full time job with another employer.

[GENERAL PROVISIONS

Agreements and Policy Changes

No change in the Policy shall be valid unless made by endorsement or amendment. Such a change is valid only if signed by Our Chairman or Our President.

No other person can waive any Policy terms or make any agreements about the Policy that are binding on Us.

Assignment

You may assign proceeds of a claim.

Assignment of a Certificate is not allowed.

We are not responsible:

- for the validity of any Assignment; or
- to honor any Assignment unless it is given to Us with any claim subject to the Assignment.

Our payment in good faith as outlined above will fully discharge Us with respect to the amount(s) paid.

Conformity with State Statutes

Any Policy wording that, on the Initial Effective Date, is in conflict with the statutes of the Situs State is hereby amended to meet the minimum requirements of such statutes.

Date of Birth [and Gender]

If a Covered Person's date of birth [or gender] is misstated, We will adjust the Benefits payable. The Benefits will be those which We would have issued based on the correct information.

Entire Contract

The Policy, the Application, Enrollment forms and Evidence of Insurability as well as any endorsements and amendments shall make up the entire contract.

Statements made by the Policyholder or Covered Persons shall be deemed representations and not warranties.

Evidence of Insurability

We may require evidence that a person meets our underwriting standards for this insurance.

Grace Period

The Policy has a Grace Period of thirty-one (31) days for the payment of any Premium due except the first.

During the Grace Period, the Policy is in force, unless the Policyholder gives Us written notice to cancel it before the end of the Grace Period. The Policyholder shall be liable to Us for the payment of a pro-rata premium for the time the Policy was in force during the Grace Period.

Incontestability

The validity of the Policy will not be contested except for nonpayment of Premiums after it has been in force for [two (2)] years from its Initial Effective Date.

No statement made by any Covered Person shall be used in any contest unless a copy of the statement is or has been furnished to:

- the Covered Person; or,
- in the event of death or incapacity of the Covered Person, to His or Her beneficiary or personal representative.

Except for claims incurred within [two (2)] year[s] after a Covered Person's Effective Date of Insurance, no statement made by any Covered Person when applying for insurance will be used to contest the validity of that insurance after:

- the insurance has been continuously in force for [two (2)] years during the lifetime of the Covered Person; and
- unless it is contained in a written form signed by the Covered Person.

This provision shall not preclude the assertion at any time of defenses based upon Policy provisions that relate to eligibility for coverage.

Insurance Fraud

Any person who knowingly and with the intent to defraud or deceive any insurance company or other person, files a statement of claim containing false, incomplete or missing information commits a fraudulent insurance act, which is a crime and maybe be subject to criminal and civil penalties.

If a Covered Person commits fraud against Us, as determined by Us, the Covered Person's insurance ends automatically, without notice, as of the date fraud is committed or as of the date otherwise determined by Us.

Legal Actions

Legal action cannot be taken against Humana Insurance Company:

- Sooner than 60 days after due Proof of Loss has been filed; or
- 3 years after the time written Proof of Loss is required to be filed according to the terms of the Policy.

[DEFINITIONS

For the purposes of the Policy when these words are used in the Policy, they have the meanings stated.

Accident means a sudden, unexpected, violent and external event that causes bodily Injury to a Covered Person.

[Actively At Work (Active Employment)] means You must be working:

- on a full-time basis and paid regular earnings;
- at least the minimum number of hours shown in the Schedule;
- at the Employer's usual place of business; or
- at a location to which the Employer's business requires You to travel.

You must be considered Actively At Work if You were actually at work on the day immediately preceding:

- a weekend;
- holidays;
- paid vacations;
- any non-scheduled work day;
- excused leave of absence (except medical leave and lay-off); or
- emergency leave of absence (except emergency medical leave required by Your Illness or Injury).

[If You are classified as a [part-time][or][temporary] worker by Your [Employer], You are not Actively At Work except as agreed between the Policyholder and the Company.]

If You are On Strike, You are [not] Actively At Work [except] [as] agreed by the Policyholder and the Company.

[The Active Employment must be for an Employer that has a workforce of Employees who are Eligible for Policy Coverage.]

Age means the Age of a Covered Person on His or Her last birthday as of the Initial Effective Date and Age increases by one year on each Certificate anniversary.

If coverage is effective after the Initial Effective Date, Age means age as of the last birthday preceding the request for insurance coverage.

Alcoholism means a chronic disorder or illness in which the Covered Person is unable, for psychological or physical reasons, or both, to refrain from the frequent consumption of alcohol in quantities sufficient to produce intoxication and, ultimately, injury to health and effective functioning.

[Ambulance] means a conveyance that meets state rules or is licensed by a state for the emergency movement of persons suffering from Illness or Injury. Transport may be by road, air or water.]

Ambulatory Surgical Center - means a licensed surgical center consisting of:

- (a) an operating room; or
- (b) facilities for the administration of general anesthesia; and
- (c) a post-surgery recovery room to which the patient is admitted and discharged from within a period of less than 24 hours.

Burn Unit means a Hospital or department in a Hospital specializing in the treatment of burns and providing intensive care for burn patients.

[Calendar Month means any of the named months, January through December.]

[Calendar Year means a 12 month period, [January 1 through December 31.]]

[Child (Children) means the Primary Covered Person's [unmarried] child, including a natural child from the moment of birth, stepchild, foster or legally adopted child, or child in the process of adoption (including a child while the Primary Covered Person is a party to a proceeding in which the adoption of such child by the Primary Covered Person is sought); a child for whom the Primary Covered Person is required by a court order to provide medical support, and grandchildren who are dependent on the Primary Covered Person for federal income tax purposes at the time of application.

Child does not include a:

- person not meeting the above Child definition;
- Child living outside of the United States; or
- Child on active military duty for a period in excess of [30] days.]

[Class means a group of persons that We and the Policyholder have agreed to insure.]

[Complications of Pregnancy means

(A) conditions, requiring hospital confinement (when the pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, pre-eclampsia and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and

(B) non-elective cesarean section, termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible.]

[Contagious Disease - means an infectious disease as identified by the Centers for Disease Control and Prevention, which is easily transmitted by physical contact with the person suffering the disease, or by their secretions or objects touched by them.]

Covered Person means an Eligible Employee or Eligible Dependent who is covered under the Policy. Persons eligible for coverage are shown on the Schedule.

Covered Dependent – means:

- a) Your spouse, unless divorced or legally separated from You;
- b) Your [unmarried] Child(ren) who are less than age [19-26] and [primarily dependent on You for support and maintenance];
- c) Your [unmarried] Child(ren) who are at least age [19-26] but less than age [19-26] who:
 - 1) regularly attend an institution of learning; and
 - 2) are primarily dependent on You for support and maintenance.
- d) Your [unmarried] Child(ren) who are at least age [19-26] who are chiefly dependent on You for support and are incapable of self-sustaining employment due to mental incapacity or physical handicap. You must furnish Us with proof of mental incapacity or physical handicap after the Child's eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

[Dental Treatment means the treatment of the teeth and/or periodontal area.]

[Disease - means a pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterized by an identifiable group of signs or symptoms, and is identified as such by the International Classification of Diseases.]

Drug Addiction means the pathological use or abuse of alcohol or drugs in a manner and to a degree that produces impairment in personal social or occupational functioning and which may, but need not include a pattern of tolerance and withdrawal.

Drug Intoxication means the simultaneous use of multiple drugs, whether the drugs are legally or illegally obtained, prescription, over-the-counter, recreational, herbal, home remedies, alcohol or some other combination producing a loss of control or behavior.

Eligible Dependents means Your Spouse and Your Child(ren). We must approve eligibility of Your Spouse and Child(ren).

[Each such person must meet the Eligibility requirements shown in the Schedule.]

Eligible Employee means a person who:

- is in Active Employment of the Policyholder; and
- meets the Enrollment Eligibility, Qualification Period and Maximum Renewal Age provisions shown in the Schedule and this Certificate.

[Elimination Period means the number of consecutive days of confinement to a Hospital during each Period of Confinement before the Daily Hospital Confinement becomes payable under the Policy. Benefits are not payable during the Elimination Period. The Elimination Periods for Injury and Sickness are shown on the Policy Schedule.]

[Emergency Room means a specified area in a Hospital which is designated for the emergency care of

Sickness or Injury. This area must be:

- staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

[Emergency Care means medical attention provided after the acute onset of symptoms relating to Sickness or Injury, including severe pain, which symptoms are severe enough that the lack of immediate medical attention could reasonably be expected to result in any of the following:

- health would be placed in serious jeopardy;
- bodily function would be seriously impaired; or
- there would be serious dysfunction of a bodily organ or part.]

Emergency Treatment does not include care that is:

- elective;
- preventive; or
- well care.

Employer means an entity that employs a workforce of persons in Active Employment. Employer includes any division, subsidiary or affiliated company named in the Application.

Enroll means application by an Eligible Employee for Policy coverage. By agreement between the Company and the Policyholder, Enrollment may:

- require completion of an Enrollment Form by the Eligible Employee;
- be automatic, in which case it is not necessary for the Eligible Employee to complete an Enrollment Form; and
- require Evidence of Insurability.

[Essential Duty means a duty that:

- 1) is substantial, not incidental;
- 2) fundamental or inherent to the occupation; and
- 3) cannot be reasonably omitted or changed.

Your ability to work the number of hours in Your regularly scheduled workweek is an Essential Duty. [However, working more than [XX] hours per week is not an Essential Duty.]]

[Evidence of Insurability means a form accepted by Us showing that a person meets Our requirements to be insured by the Policy.]

[Hospital means a place in the United States:

- licensed and operated as a Hospital;
- providing overnight care of Ill and Injured people;
- supervised by a Physician;
- having full-time nurses supervised by a Registered Nurse;
- having on-site or pre-arranged use of x-ray equipment, laboratory and surgical facilities; and
- maintaining permanent medical history records.

A Hospital is not:

- a facility outside of the United States;
- a nursing home;
- an extended care facility;
- a convalescent home;
- a rest home or a home for the aged;
- a place for alcoholics or drug addicts; or
- a mental institution.]

[Hospital Confinement] means admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness. The admission must be on the advice of a Physician and be Medically Necessary. We do not consider confinement to an emergency room, outpatient treatment room or observation unit as Hospital Confinement.]

Illness means sickness or disease of a Covered Person.

Initial Effective Date means the date that coverage begins under the Policy.

[Injury] means bodily injury sustained which:

- is directly caused by an accident, independent of all other causes;
- has not been specifically excluded by name or description in the Policy;
- is not caused or contributed by Sickness; and
- occurs while coverage is in force for the Covered Person.

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes a Covered Person under the Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.]

Intensive Care Unit means a specialized department in a Hospital that provides advanced and highly specialized care to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring.

An ICU is not:

- a progressive care unit;
- a sub-acute intensive care unit;
- an intermediate care unit;
- a private monitored room;
- a surgical recovery room;
- an observation unit; or
- any facility not meeting the definition of a Hospital ICU as defined in this Policy.

[Intoxication] means a blood alcohol content equal to or over the legal presumption of intoxication under the laws of the state where the event took place.]

[Labor Dispute] means On Strike (Strike), Laid Off or Locked Out.

[Laid Off] means that Your job has been ended or suspended by Your Employer due to:

- a decrease in output by the Employer;
- a decrease in staff due to economic conditions;
- a reorganization that eliminates Your job; or
- a reorganization that eliminates the Employer's need for Your job skills.

Laid Off does not include termination for cause or because You are no longer physically able to perform the job.]

[Locked Out] means that Your place of employment has been shut down by Your employer during a labor dispute. The Lockout must be lawful.]

[Material and Substantial Duties] mean those duties normally required for the performance of Your regular occupation and cannot be reasonably omitted or modified.]

[Maximum Benefit Period] means the period of time during which a Benefit amount is payable for a Period of Confinement.]

[Medically Necessary] means the treatment services or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.

[Mental or Nervous Disorders] means a neurosis, psychoneurosis, psychosis, or mental or emotional disease/disorder of any kind.]

[On Strike (Strike)] means that You and other employees acting together

- have ceased work, or
- are refusing to work or to continue to work for Your Employer.

The Strike must be authorized under the rules of a union or unions representing You and other striking Employees.

The union or unions authorizing the strike must be recognized by the Your Employer for collective bargaining purposes.

The Strike must be lawful and must not take place while a labor contract is still in effect.]

[Period of Confinement] means one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than [30-90] days. Each Hospital Confinement must begin while the coverage is in force for the Covered Person.]

[Physician] means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a Physician. The person must be licensed to practice medicine and prescribe and administer drugs or to perform surgery in the United States.

Physician does not include:

- You;
- a person related to You by blood or marriage; or
- a medical doctor or other person practicing outside of the United States.]

[Policy] means the group Policy issued to the Policyholder.]

[Policy Month] means a period of time:

- beginning on the day of the month corresponding to the Initial Effective Date; and
- continuing through the end of the preceding day in the next Calendar Month.]

[Policy Year] means a period of time:

- beginning on the Initial Effective Date or its anniversary; and
- continuing through the end of the day preceding the next anniversary.]

Policyholder means the entity so named on the Certificate [face page][Schedule].

[Pre-existing Condition] means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within [0-12] months before the Covered Person's Effective Date of Insurance. It is also one which would cause a person to seek diagnosis or care within the same [0-12]-month period.]

[Private Duty Nurse] means a licensed registered nurse (R.N.), or a licensed practical nurse (L.P.N.) whose service is rendered solely for the Covered Person.

A Private Duty Nurse does not include a family member of the Covered Person. Family member means You, Your Spouse, Children, grandchildren, siblings, parents, grandparents or corresponding in-laws.]

[Proof of Loss] means evidence satisfactory to Us for insurability or for other matters which require Proof.

Rehabilitation Unit means a Hospital or department in a Hospital with specialization to facilitate the process of recovery from Injury, Illness, or Disease to as normal a condition as possible.

[Regular Care] means the Covered Person personally visits a Physician as frequently as medically required, according to generally accepted medical standards, to effectively manage and treat the disabling condition(s); and is receiving the most appropriate treatment and care which conforms with generally accepted medical standards, for the disabling condition(s) by a Physician whose specialty or experience is the most appropriate for those condition(s), according to generally accepted medical standards.]

[Regular Occupation] means the occupation the Covered Person is routinely performing when Total Disability begins. We will look at the occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.]

Replaced Policy means a policy or certificate, the premiums for which are paid by or through the Policyholder. It must:

- have a paid-to date within [60] days of the Policy's Date of Application;
- be replaced by the Policy; and
- end upon issue of the Policy.

At Our request, the Policyholder must give Us Proof about an Employee's Replaced Policy.

Schedule means page(s) so labeled in the Policy and this Certificate.

[Sickness] means illness, disease or Complication of Pregnancy of a Covered Person which: (1) first manifests itself while coverage is in force for the Covered Person; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy.

Benefits for a normal pregnancy are paid on the same basis as for any other Sickness beginning on the [300th] day after the Effective Date of Insurance and while coverage under the Policy is in force for the Covered Person. The [300]-day period will be reduced by one day for each day that Replaced Coverage was in force.]

[Spouse means[:]

[1.] the person recognized as Your husband or wife under the laws of the state in which You live[:]
[or]

[2.] [the person recognized by Your state of residence as[:]

- [Your Domestic Partner;]
- [a party to a Civil Union with You;]
- [Your Reciprocal Beneficiary; or
- [someone for whom We must provide the coverage of the Policy on a spousal equivalent basis under the laws or regulations of Your state.]]

[When We provide coverage under this definition, We will continue to provide coverage after You or Your Spouse moves to a state that does not recognize the relationship described.]

[We will not continue to provide coverage under these definitions #1 and #2 for the Spouse when a legal action ends a relationship described.]

[3.] [persons who, by written agreement between the Company and the Policyholder, may be covered by the Policy on a spousal equivalent basis.]

The Policy will at no time cover more than one person as Your Spouse.

Totally Disabled (Total Disability) means, that You are:

- unable to perform the Essential duties of Your regular occupation;
- not working in any other occupation; and
- under the care of a Physician for the Total Disability.

[After [24] months of Total Disability, Totally Disabled means that You are:

- unable to perform the duties of any gainful occupation for which You are reasonably fitted by training, education or experience; and
- under the care of a Physician for the Total Disability.]

You are not Totally Disabled when You are not under the Regular Care of a Physician. We will not require care of a Physician when it is no longer needed for the sound medical care of the condition causing Total Disability.

United States means the United States of America and its territories.

Waiting Period – means a period of time that must pass with respect to an Employee before the Employee is eligible to be covered for benefits under the terms of the Policy. The Waiting Period is determined by the Policyholder on its application for coverage.

We, Us, Our and **Company** all mean Humana Insurance Company.

You, Your, Employee or Primary Covered Person mean the individual who is the Eligible Employee and covered under the Policy. These words appear in the Certificates. Any reference to “He,” “Him” or “His” will also refer to “She” or “Her” or “Hers,” “They,” “Them” or “Their.”